PAGE 1 / 144

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

101	Other Than An Auth	onzea Committee	Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FED	ERAL PAC		
ADDRESS (number and street)	612 W. Nolana Suite 340		
Check if different			
than previously reported. (ACC)	McAllen		TX 78504
2. FEC IDENTIFICATION NUM	BER ▼ CITY	<b>′</b> ▲	STATE ▲ ZIP CODE ▲
C C00415752	3. IS	THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 2	20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	on M M / D D	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on /	in the State of
5. Covering Period 01	01 2018	through 03	M / D D / Y Y Y Y Y 31 2018
I certify that I have examined this	Report and to the best of r	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	1 6162, LIIII6, , ,		
Signature of Treasurer	rnie, , ,	[Electronically Filed]	Date 04 / 13 / 2018
NOTE: Submission of false, erroneou	is, or incomplete information	may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

F	EC <b>Form 3X</b> (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or	Type Committee Name		
BORD	DER HEALTH FEDERAL PA	AC .	
Report C	covering the Period: From:	01 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) C	Sash on Hand January 1, 2018		554794.84
. ,	ash on Hand at eginning of Reporting Period	554794.84	
(c) To	otal Receipts (from Line 19)	128874.75	128874.75
6	ubtotal (add Lines 6(b) and (c) for Column A and Lines (a) and 6(c) for Column B)	683669.59	683669.59
7. Total [	Disbursements (from Line 31)	127350.09	127350.09
Report	on Hand at Close of ting Period act Line 7 from Line 6(d))	556319.50	556319.50
the Co	and Obligations Owed <b>TO</b> committee (Itemize all on lule C and/or Schedule D)	0.00	
the Co	and Obligations Owed BY ommittee (Itemize all on lule C and/or Schedule D)	1800.00	
Th	nis committee has qualified as a multi	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### BORDER HEALTH FEDERAL PAC

I. Receipts	COLUMN A	COLUMN B
i. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	101007.46	101007.46
(i) Itemized (use Schedule A)	101007.40	101007.46
(ii) Unitemized	27867.29	27867.29
(iii) TOTAL (add	45	7 7
Lines 11(a)(i) and (ii)	128874.75	128874.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	222
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	128874.75	128874.75
Totals to Line 33, page 5)	120074.73	120011110
Transfers From Affiliated/Other Party Committees	0.00	0.00
Faity Committees	0.00	7 7
All Loans Received	0.00	0.00
	45	45 45
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
· ·	0.00	0.00
(IIOIII Scriedule IIS)	0.00	0.00
(b) Louis France (france Orbital In 117)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
. Transfers from Non-Federal and (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule	H Levin Funds  H5)	H. Levin Funds  0.00  H5)  0.00  0.00  0.00  0.00
		1000-1-
12, 13, 14, 15, 16, 17, and 18(c))▶	128874.75	128874.75
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	128874.75	128874.75

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures:     (a) Allocated Federal/Non-Federal	13.55.	Jaiorida Tour to Date				
Activity (from Schedule H4)	0.00	0.00				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating  Expenditures	22350.09	22350.09				
(c) Total Operating Expenditures	4 4					
(add 21(a)(i), (a)(ii), and (b))▶	22350.09	22350.09				
2. Transfers to Affiliated/Other Party  Committees	0.00	0.00				
3. Contributions to	4 4					
Federal Candidates/Committees and Other Political Committees	105000.00	105000.00				
. Independent Expenditures (use Schedule E)	0.00	0.00				
. Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
. Loan Repayments Made	0.00	0.00				
. Loans Made	0.00	0.00				
. Refunds of Contributions To: (a) Individuals/Persons Other		4 4 4				
Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	4 4					
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
. Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(20	)))					
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4				
Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	127350.09	127350.09				
. Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	127350.09	127350.09				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	128874.75	128874.75
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	128874.75	128874.75
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	22350.09	22350.09
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	22350.09	22350.09

F	FOR LINE NUMBER:					PAGE		6	OF		144
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		01 16 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.41679
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42008
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42009
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee Receipt For:	physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optiona	1)	750.00
TOTAL This Period (last page this line num	iber only)	

F	FOR LINE NUMBER:					PAGE	7	OF	144
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle A. Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200		02 26 2018
E. Xenops City	State Zip Code	U2 26 2018 Transaction ID : SA11AI.42010
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
E. Xenops City	State Zip Code	03 16 2018
McAllen	TX 78504	Transaction ID : SA11AI.42011
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle	Pinitial) or Full Organization Name	Date of Receipt
Mailing Address 104 augusta square		01 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.41681
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	)	550.00
TOTAL This Period (last page this line number	ber only)	

FOR LINE NUMBER:				PAGE		8	OF		144		
	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Abreu, Ruben, , ,  Mailing Address 104 augusta square	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	02 26 2018 Transaction ID : SA11AI.42012
mcallen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) self-employee Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  500.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Abreu, Ruben, , , Mailing Address 104 augusta square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M 03 16 2018  Transaction ID : SA11AI.42013  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Alleyn, Michael, , ,  Mailing Address 5505 N. 4th  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / 16 2018  Transaction ID: SA11AI.41685  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	only)	

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 9 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c 15	12 16	17
ly information copied from such Reports and Statements may for commercial purposes, other than using the name and a					_		

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	.C								
<b>A</b> .	Primary General Other (specify) ▼	State TX  C  Occupat private i  Aggregate Yea	Zip Code 78501  tion (for Individual) investor ur-to-Date ▼ 500.00	Date of Receipt    M						
В.	Primary General Other (specify) ▼	State TX  C  Occupat private in Aggregate Year	Zip Code 78501  tion (for Individual) investor ur-to-Date ▼ 750.00	Date of Receipt  03 16 2018  Transaction ID : SA11AI.42019  Amount of Each Receipt this Period  250.00  Memo Item contribution						
C.	Full Name of Individual (Last, First, Middle Initial) Alleyn, Robert, , Dr.,  Mailing Address 8330 North Shary Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For: Primary General Other (specify)	State TX	Zip Code 78572 tion (for Individual)	Date of Receipt  16 2018  Transaction ID: SA11AI.41686  Amount of Each Receipt this Period  400.00  Memo Item contribution						
Н	SUBTOTAL of Receipts This Page (optional)									
l '	VIAL THIS FEHOU (last page this line number only	у /	······							

144 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alleyn, Robert, , Dr., Date of Receipt Mailing Address 8330 North Shary Road 2018 City Zip Code State Transaction ID: SA11AI.42020 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alleyn, Robert, , Dr., Date of Receipt Mailing Address 8330 North Shary Road 16 2018 City State Zip Code Transaction ID: SA11AI.42021 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Almedia, Hillary, , Dr., Date of Receipt Mailing Address 900 E. Vermont 16 2018 City State Zip Code Transaction ID: SA11AI.42023 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

	FOR	R LINE	NUMBER	: PAGE	= 11 OF	144			
(check only one)									
	×	11a	11b	11c	12				
		13	14	15	16	17			

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Amyx, Michael, , , , Mailing Address 2108 Mynah  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  101
Full Name of Individual (Last, First, Middle  Amyx, Michael, , ,  Mailing Address 2108 Mynah  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   500.00	Date of Receipt  O2 26 2018  Transaction ID: SA11Al.42024  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Amyx, Michael, , , , Mailing Address 2108 Mynah  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

144 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apolinario, Jumar, B., Dr., Date of Receipt Mailing Address 2805 Santa Erica 16 2018 City Zip Code State Transaction ID: SA11AI.42027 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physicain contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 16 2018 City State Zip Code Transaction ID: SA11AI.42035 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Arrazola, Pedro, , Dr., Date of Receipt Mailing Address 5114 N. 10th Street 16 2018 City State Zip Code Transaction ID: SA11AI.42037 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane 16 2018 City Zip Code State Transaction ID: SA11AI.42039 TX Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42041 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 16 2018 City State Zip Code Transaction ID: SA11AI.41698 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 575.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 2018 City Zip Code State Transaction ID: SA11AI.42044 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 16 2018 City State Zip Code Transaction ID: SA11AI.42045 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ayers, Roberto, A., Dr., Date of Receipt Mailing Address 1900 S. Jackson #7 16 2018 City State Zip Code Transaction ID: SA11AI.42049 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOF	R LINE	l:	PAGE	•	15 (	)F	144	
(che	ck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.		al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1503 S. Airport			01 16 2018
	suite 6	State	Zip Code	Transaction ID : SA11AI.41701
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employed	physic	ian	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
В.	Full Name of Individual (Last, First, Middle Initial Badiga, Murphy, , ,	Date of Receipt		
	Mailing Address 1503 S. Airport	02 26 2018		
	suite 6	State	Zip Code	التنتيا لنيا لينا
	weslaco	TX	78596	Transaction ID : SA11AI.42050  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
_	Full Name of Individual (Last, First, Middle Initia			
C.	Badiga, Murphy, , ,	, 5		Date of Receipt
	Mailing Address 1503 S. Airport suite 6	State	Zip Code	03 16 2018  Transaction ID : SA11AI.42051
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)			
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			1200.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barrera, Marcos, , Mr., Date of Receipt Mailing Address 3000 Yellowhammer 2018 City Zip Code State Transaction ID: SA11AI.42052 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrera, Marcos, , Mr., Date of Receipt Mailing Address 3000 Yellowhammer 16 2018 City State Zip Code Transaction ID: SA11AI.42053 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 16 2018 City Zip Code State Transaction ID: SA11AI.41703 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 2018 City Zip Code State Transaction ID: SA11AI.42054 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 16 2018 City State Zip Code Transaction ID: SA11AI.42055 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Behara, Sebrahmanyan, Dr., Date of Receipt Mailing Address 121 Cardinal 16 2018 City State Zip Code Transaction ID: SA11AI.41705 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Behara, Sebrahmanyan, , Dr.,  Mailing Address 121 Cardinal  City	Initial) or Full Organization Name  State Zip Code	Date of Receipt  02 26 2018  Transaction ID : SA11AI.42058
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name of Individual (Last, First, Middle I Behara, Sebrahmanyan, , Dr., Mailing Address 121 Cardinal	Date of Receipt	
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2804 Santa Ana		01 16 2018
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.41706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 2018 City Zip Code State Transaction ID: SA11AI.42060 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 16 2018 City State Zip Code Transaction ID: SA11AI.42061 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 16 2018 City State Zip Code Transaction ID: SA11AI.41707 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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	r information copied from such Reports and Stat or commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .		
	Primary General Other (specify) ▼	State TX  C  Occupat physicia  Aggregate Yea	Zip Code 78504 tion (for Individual) an ar-to-Date ▼	Date of Receipt  26 2018  Transaction ID: SA11AI.42062  Amount of Each Receipt this Period  250.00  Memo Item contribution
	Primary General Other (specify) ▼	State TX  C  Occupa physicia Aggregate Yea	Zip Code 78504  tion (for Individual) an ar-to-Date ▼  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , , , Mailing Address 2005 Cimarron Court  City	State TX	Zip Code 78572 tion (for Individual)	Date of Receipt  Mon 16 2018  Transaction ID: SA11AI.41708  Amount of Each Receipt this Period  400.00  Memo Item contribution
SU	JBTOTAL of Receipts This Page (optional)		<u> </u>	900.00
тс	OTAL This Period (last page this line number only	y)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , ,  Mailing Address 2005 Cimarron Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    Date of Receipt   26
Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , , Mailing Address 2005 Cimarron Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)   Entire Middle In British (In the First Middle In Britannia Middle In Br	State TX Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1200.00	Date of Receipt  03 16 2018  Transaction ID: SA11Al.42065  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  16 2018  Transaction ID: SA11AI.41710  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	1200.00
TOTAL This Period (last page this line number	r only)	

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird  City  McAllen  FEC ID number of contributing	State TX	Zip Code 78504	Date of Receipt  02
	federal political committee.  Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Occupa physici Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initional Canales, Erasto, , Dr., Mailing Address 105 Bluebird  City McAllen	State	Zip Code	Date of Receipt  03
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	Aggregate Ye	ar-to-Date ▼ 1200.00	400.00  Memo Item contribution
c.	Full Name of Individual (Last, First, Middle Initia Cantu, Alonzo, , ,  Mailing Address P.O.Box 2673  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify)	State TX	Zip Code 78502 ation (for Individual) investor	Date of Receipt  16 2018  Transaction ID: SA11AI.41713  Amount of Each Receipt this Period  400.00  Memo Item contribution
Н	SUBTOTAL of Receipts This Page (optional)			1200.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Alonzo, , , Date of Receipt Mailing Address P.O.Box 2673 2018 City Zip Code State Transaction ID: SA11AI.42074 TX mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cantu, Alonzo, , , Date of Receipt Mailing Address P.O.Box 2673 16 2018 City State Zip Code Transaction ID: SA11AI.42075 TX mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 16 2018 City State Zip Code Transaction ID: SA11AI.42085 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cardenas, Carlos, , , Date of Receipt Mailing Address 1000 N. Taylor Road 16 2018 City Zip Code State Transaction ID: SA11AI.41719 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cardenas, Carlos, , , Date of Receipt Mailing Address 1000 N. Taylor Road 2018 City State Zip Code Transaction ID: SA11AI.42086 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cardenas, Carlos, , , Date of Receipt Mailing Address 1000 N. Taylor Road 16 2018 City State Zip Code Transaction ID: SA11AI.42087 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC				
Α.	Full Name of Individual (Last, First, Middle Initi Castrillon, Augusto, , ,	al) or Full Org	ganization Name	Date of Receipt		
	Mailing Address 223 Rio Grande Drive			01 16 2018		
	City	State	Zip Code	Transaction ID : SA11AI.41722		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	250.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item		
	self-employed	physi	cian	contribution		
	Receipt For:  Primary General  Other (specify) ▼		ear-to-Date ▼ 250.00			
В.	Full Name of Individual (Last, First, Middle Initi Castrillon, Augusto, , ,	al) or Full Org	ganization Name	Date of Receipt		
	Mailing Address 223 Rio Grande Drive			02 26 2018		
	City	State	Zip Code	Transaction ID : SA11AI.42090		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer (for Individual) self-employed	Occup physi	oation (for Individual) cian	Memo Item contribution		
	Receipt For:	Aggregate Y	′ear-to-Date ▼			
	Primary General  Other (specify) ▼					
	Full Name of Individual (Last, First, Middle Initi Castrillon, Augusto, , ,	al) or Full Org	ganization Name	Date of Receipt		
•	Mailing Address 223 Rio Grande Drive			03 16 2018		
	City	State	Zip Code	Transaction ID : SA11AI.42091		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item		
	self-employed	physic	cian	contribution		
	Receipt For:	Aggregate Y	'ear-to-Date ▼			
	Primary General Other (specify)		750.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Cooper, Virah, , Dr.,  Mailing Address 1801 South 5th Street suite  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General	7  State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / 2018  Transaction ID : SA11Al.42095  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle II  Cooper-Dockery, Donna, , Dr.,  Mailing Address 2301 Solera Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify) ▼	State   Zip Code   78572   C    Occupation (for Individual)   physician    Aggregate Year-to-Date ▼   250.00	Date of Receipt  O2
Full Name of Individual (Last, First, Middle In Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78572   C     Occupation (for Individual)   physician   Aggregate Year-to-Date   ▼	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	350.00
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr.,  Mailing Address 4101 South Burns Drive  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date  300.00	Date of Receipt  03
Full Name of Individual (Last, First, Middle In Cortinas, Diana, , , Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify)   Continue:  General	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  02
Full Name of Individual (Last, First, Middle In Cortinas, Diana, , ,  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   600.00	Date of Receipt  03
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addi	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Cortinas, Javier, , ,  Mailing Address 1400 Northgate	nitial) or Full Orga	anization Name	Date of Receipt
011		7. 0 1	01 16 2018
City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.41730
	1/4	70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physici	an	contribution
Receipt For: Primary General	Aggregate Ye		
Other (specify) ▼		250.00	
Full Name of Individual (Last, First, Middle In Cortinas, Javier, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1400 Northgate			02 26 2018
City	State	Zip Code	Transaction ID : SA11AI.42106
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual)	Memo Item contribution
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle In Cortinas, Javier, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1400 Northgate			03 16 2018
City	State	Zip Code	Transaction ID : SA11AI.42107
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual)	Memo Item
Receipt For:	1		-
Primary General	Aggregate Ye	ai-iu-Dale ▼	
Other (specify)		750.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line numbe	r only)		

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	y information copied from such Reports and St for commercial purposes, other than using the			
$\setminus$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Darling, James, , ,  Mailing Address 1225 E Peking	ial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1225 E Peking			02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42110
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	selfemployed	private	e investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
В.	Full Name of Individual (Last, First, Middle Init Darling, James, , ,	ial) or Full Orga	·	Date of Receipt
	Mailing Address 1225 E Peking			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42111
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General  Other (specify) ▼	4	450.00	
— С.	Full Name of Individual (Last, First, Middle Init Deanda, David, , ,	ial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2408 Dorado			01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.41733
		17	70374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employed	private	investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	250.00	
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	550.00

federal political committee.

self-employed

Receipt For:

C.

Primary

Name of Employer (for Individual)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Memo Item

contribution

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 26 2018 City State Zip Code Transaction ID: SA11AI.42112 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 03 16 2018 City State Zip Code Transaction ID: SA11AI.42113 TX 78574 mission Amount of Each Receipt this Period FEC ID number of contributing 250.00

Occupation (for Individual)

private investor

Aggregate Year-to-Date ▼

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Other (specify)	,	750.00	
Full Name of Individual (Last, First, Middle In Delgado, Luis, , , Jr.	Date of Receipt		
Mailing Address 5128 N. 10th	02 26 2018		
City	State	Zip Code	Transaction ID : SA11AI.42120
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00	
			700.00

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	for each category of the Detailed Summary Page	[3	<b>1</b> 1a	11b		11c	12	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may in the name and addr	not be sold or used by any pe ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr.  Mailing Address 5128 N. 10th	Initial) or Full Orga	anization Name	Date of Receipt
		Т	03 16 2018
City	State	Zip Code	Transaction ID : SA11AI.42121
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physicia	an	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle I  Desai, Parul, , Dr.,	_   nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 7004 North 1st		T	03 16 2018
City	State	Zip Code	Transaction ID : SA11AI.42123
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I Duran, Alberto, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1615 Palazzo			01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.41742
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
selfemployed	physicia		contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		<b></b>	700.00
TOTAL This Period (last page this line number	er only)		

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	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Duran, Alberto, , ,	tial) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 1615 Palazzo			02 26 2018
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.42130
	FEC ID number of contributing federal political committee.	С	10012	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed	Memo Item contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 800.00	
В.	Full Name of Individual (Last, First, Middle Init Duran, Alberto, , ,  Mailing Address 1615 Palazzo	tial) or Full Org	ganization Name	Date of Receipt
		Ctoto	Zip Code	03 16 2018
	City mission	State TX	78572	Transaction ID : SA11AI.42131  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 1200.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Init Esparza, Antonio, , ,	tial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 136 W. Yucca			01 16 2018
	City mcallent	State TX	Zip Code 78504	Transaction ID : SA11AI.41743  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physic	oation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 400.00	
H	CUBTOTAL of Receipts This Page (optional)			1200.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Esparza, Antonio, , , Mailing Address 136 W. Yucca	al) or Full Org	ganization Name	Date of Receipt
	Walling Address 150 W. Tucca			02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42132
	mcallent	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	physi	cian	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 800.00	
— В.	Full Name of Individual (Last, First, Middle Initi Esparza, Antonio, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 136 W. Yucca			03 16 2018
	City	State	Zip Code	Transaction ID : SA11Al.42133
	mcallent	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	
— С.	Full Name of Individual (Last, First, Middle Initi Falcon, Antonio, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 2768 Pharmacy Road			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42137
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	self-employed Receipt For:	physic		contribution
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)		·····	900.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC					
Α.	Full Name of Individual (Last, First, Middle Initial Falcon, Maria Elena, , ,  Mailing Address 2212 Westway	al) or Full Orga	anization Name	Date of Receipt  01 16 2018			
	City	State	Zip Code	Transaction ID : SA11AI.41746			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	ear-to-Date ▼ 250.00					
В.	Full Name of Individual (Last, First, Middle Initia Falcon, Maria Elena, , , Mailing Address 2212 Westway	al) or Full Orga	anization Name	Date of Receipt			
				02 26 2018			
	City	State	Zip Code	Transaction ID : SA11AI.42138			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Falcon, Maria Elena, , ,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 2212 Westway			03			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.42139  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Other (specify)	Primary General					
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Feigl, Alexander, , Dr.,  Mailing Address 110 E. Savannah #101  City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  250.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Feigl, Alexander, , Dr.,  Mailing Address 110 E. Savannah #101  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:	State Zip Code TX 78503  C  Occupation (for Individual) physician	Date of Receipt  02 26 2018  Transaction ID: SA11AI.42140  Amount of Each Receipt this Period  250.00  Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In Feigl, Alexander, , Dr.,  Mailing Address 110 E. Savannah #101  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  03 16 2018  Transaction ID: SA11AI.42141  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	·····	750.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addi	not be sold or used by any percess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flores, Marco, , ,  Mailing Address 320 Primrose			Date of Receipt
			01 16 2018
City	State	Zip Code 78504	Transaction ID : SA11AI.41748
mcallen	1^	10504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	f Employer (for Individual) Occupation (for Individual)		Memo Item
self-employed	physici	contribution	
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify) ▼	250.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Flores, Marco, , ,			Date of Receipt
Mailing Address 320 Primrose			02 26 2018
City	State	Zip Code	Transaction ID : SA11AI.42142
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician		Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In	L nitial) or Full Orga	anization Name	Date of Boosint
Flores, Marco, , ,  Mailing Address 320 Primrose			Date of Receipt  03 16 2018
City	State	Zip Code	Transaction ID : SA11AI.42143
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)	Occupation (for Individual)		Memo Item contribution
self-employed Receipt For:	physicia		
Primary General	Aggregate Ye	ar-to-Date ▼	,
Other (specify)		750.00	
SUBTOTAL of Receipts This Page (optional)			750.00
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1200.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Garcia, Elvin, , , Mailing Address 2800 Santa Teresa	al) or Full Orga	anization Name	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41753  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Occup physic Aggregate Ye		Memo Item contribution
	Other (specify) ▼		400.00	
В.	Full Name of Individual (Last, First, Middle Initia Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa	al) or Full Org	anization Name	Date of Receipt  02 26 2018
	City	State	Zip Code 78572	Transaction ID : SA11AI.42152
	FEC ID number of contributing federal political committee.	C	10072	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual)	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
<del></del>	Full Name of Individual (Last, First, Middle Initia Garcia, Elvin, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2800 Santa Teresa			03 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.42153  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1200.00	
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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Garcia, Hiram, , ,  Mailing Address 2712 E Mile 5 Road	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	01 16 2018 Transaction ID : SA11Al.41754
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle Garcia, Hiram, , ,  Mailing Address 2712 E Mile 5 Road	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	02 26 2018  Transaction ID : SA11AI.42154
Mission  FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	]
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2712 E Mile 5 Road		03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.42155
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 16 2018 City Zip Code State Transaction ID: SA11AI.41756 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 2018 City State Zip Code Transaction ID: SA11AI.42158 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 16 2018 City Zip Code State Transaction ID: SA11AI.42159 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Ricardo, , Dr., Date of Receipt Mailing Address 6108 North 5th Street 16 2018 City Zip Code State Transaction ID: SA11AI.42163 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Samuel, , Dr., Date of Receipt Mailing Address 137 E. Guardenia 16 2018 City State Zip Code Transaction ID: SA11AI.42165 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garcia-Cantu, Carlos, , Dr., Date of Receipt Mailing Address 4121 N. 10th #240 16 2018 City State Zip Code Transaction ID: SA11AI.41761 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (in Full)		ny information copied from such Reports and Stator commercial purposes, other than using the			
A. Garcia-Cantu, Carlos, Dr.,  Mailing Address 4121 N. 10th #240  City			AC		
City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Full Name of Individual (Last, First, Middle Initial) TX 78504  Full Name of Employer (for Individual) Selfemployed  Full Name of Employer (for Individual) Selfemployed  Full Name of Individual (Last, First, Middle Initial) TX 78504  Full Name of Employer (for Individual) Selfemployer (for Individual)	Α.		al) or Full Org	ganization Name	Date of Receipt
Mcallen  TX 78504  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Full Name of Employer (for Individual) physician  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. Garcia-Cantu, Carlos, Dr., Mailing Address 4121 N. 10th #240  TX 78504  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, Dr., Mailing Address 2821 Lakeshore Drive  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, Dr., Mailing Address 2821 Lakeshore Drive  Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, Dr., Mailing Address 2821 Lakeshore Drive  Fill Name of Employer (for Individual) self-employed  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Substotal of Receipt this Period  Anount of Each Receipt this Period  Anount		Mailing Address 4121 N. 10th #240			
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)		City		Zip Code	Transaction ID : SA11AI.42168
Substotal of Receipt Tor:   Aggregate Year-to-Date ▼   Aggregate Year-to		Mcallen	TX	78504	Amount of Each Receipt this Period
selfemployed   Physician   Aggregate Year-to-Date ▼		•	С		
Receipt For:    Other (specify) ▼		Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
Receipt For:		selfemployed	physi	cian	contribution
B. Garcia-Cantu, Carlos, , Dr.,  Malling Address 4121 N. 10th #240  City Mcallen TX 78504  Tansaction ID: SA11Al.42169  Amount of Each Receipt ID: Adj. Amount of Each Receipt ID: Sa11Al.42169  Amount of Each Receipt ID: Amount of Each Receipt ID: SA11Al.42169  Amount of Each Receipt ID: Amount of Each Receipt ID: SA11Al.42169  Amount of Each Receipt ID: SA12Al.42169  Amount of Each Receipt ID: SA12A		Receipt For: Primary General	Aggregate Y	800.00	
City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify) ▼  City Malling Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, , Dr., Malling Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  C  Name of Employer (for Individual) self-employed Receipt For: Primary General  Other (specify)  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.41764  Amount of Each Receipt this Period  Amount of Each Recei	В.	Garcia-Cantu, Carlos, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
Mcallen  TX 78504  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) physician  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  TX 78539  Date of Receipt  Transaction ID: SA11Al.41764  Amount of Each Receipt this Period  A00.00  Memo Item contribution  Date of Receipt  Transaction ID: SA11Al.41764  Amount of Each Receipt this Period  Appreciate the physician self-employed physician  Receipt For:  Primary General Occupation (for Individual) physician  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Subtrotal of Receipts This Page (optional) 1200.00					
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) physician  Receipt For: Primary General Other (specify) V  City State TX 78539  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Coccupation (for Individual) physician  Date of Receipt  Date of Receipt  Tx 78539  Transaction ID: SA11AI.41764  Amount of Each Receipt this Period  Memo Item contribution  Date of Receipt  Transaction ID: SA11AI.41764  Amount of Each Receipt this Period  Memo Item contribution  Date of Receipt  Transaction ID: SA11AI.41764  Amount of Each Receipt this Period  Aggregate Year-to-Date V  Primary General Other (specify)  Substotal of Receipts This Page (optional)		City		·	Transaction ID : SA11AI.42169
Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City Edinburg FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self-employed Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Table of Receipt  Transaction ID: SA11AL41764  Amount of Each Receipt this Period  Memo Item contribution		Mcallen	TX	78504	Amount of Each Receipt this Period
selfemployed physician Receipt For:  Primary General Other (specify) ▼			С		
Primary General Other (specify) ▼ 1200.00  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employed (for Individual) physician  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Subtrotal of Receipts This Page (optional)		selfemployed		' '	
Transaction ID: SA11AI.41764  Edinburg  FEC ID number of contributing federal political committee.  Name of Employed Receipt For:  Primary General Other (specify) ▼  SubtotAL of Receipts This Page (optional)			Aggregate Y	∕ear-to-Date ▼	
C. Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)  Aggregate Year-to-Date  Subtotal of Receipts This Page (optional).  Date of Receipt  Transaction ID: SA11AI.41764  Amount of Each Receipt this Period  Memo Item contribution				1200.00	
Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)  Substotal of Receipts This Page (optional).  Pitter State Tx Zip Code Tx 78539  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Memo Item contribution	<u>-</u>		al) or Full Orç	ganization Name	Date of Receipt
Edinburg  TX 78539  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional).  Amount of Each Receipt this Period  400.00  Memo Item contribution					M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed physician  Receipt For:  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  Addividual (for Individual) physician contribution  Addividual (for Individual) physician contribution  Aggregate Year-to-Date   400.00		•	1	'	Transaction ID : SA11AI.41764
Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)  SUBTOTAL of Receipts This Page (optional)		Edinburg	TX	78539	Amount of Each Receipt this Period
self-employed physician  Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  Contribution  Aggregate Year-to-Date ▼  400.00		•	С		400.00
Receipt For:  Primary Other (specify)  SUBTOTAL of Receipts This Page (optional)		Name of Employer (for Individual)	Occup	pation (for Individual)	
Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)			physic	cian	contribution
Other (specify)  400.00  SUBTOTAL of Receipts This Page (optional)			Aggregate Y	'ear-to-Date ▼	
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garza, James, , Dr., Date of Receipt Mailing Address 2821 Lakeshore Drive 2018 City Zip Code State Transaction ID: SA11AI.42174 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza, James, , Dr., Date of Receipt Mailing Address 2821 Lakeshore Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42175 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza, Rene, , , Date of Receipt Mailing Address 5404 N. 1st street 16 2018 City State Zip Code Transaction ID: SA11AI.41766 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garza, Rene, , , Date of Receipt Mailing Address 5404 N. 1st street 2018 City Zip Code State Transaction ID: SA11AI.42178 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza, Rene, , , Date of Receipt Mailing Address 5404 N. 1st street 16 2018 City State Zip Code Transaction ID: SA11AI.42179 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 16 2018 City State Zip Code Transaction ID: SA11AI.42183 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 16 2018 City Zip Code State Transaction ID: SA11AI.41769 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 2018 City State Zip Code Transaction ID: SA11AI.42184 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42185 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name of Individual (Last, First, M. Gillett, Richard, , Dr.,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 54 South 10th		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42191
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to bate v	
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, M 3. Giraldo, Alvaro, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 106 W. Flamingo		03 16 2018
City	State Zip Code	
mcallen	TX 78504	Transaction ID : SA11AI.42193
	70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, M. C. Gomez, Juan Pablo, , Dr.,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 113 Canary		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42196
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (opti	onal)	400.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago	nitial) or Full Organizatio	n Name	Date of Receipt
011			03 16 2018
City edinburg	State Zip (	Code 539	Transaction ID : SA11AI.42213
	700	J	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)	Occupation (fo	or Individual)	Memo Item
selfemployed	private investo	or	contribution
Receipt For:	Aggregate Year-to-D	ate ▼	
Primary General Other (specify) ▼	1 4	1200.00	
Full Name of Individual (Last, First, Middle Ir Gordon, Verley, , ,	nitial) or Full Organizatio	n Name	Date of Receipt
Mailing Address 1700 E. Mile 3 Road	0	No. do	01
City	State Zip C		Transaction ID : SA11AI.41785
mission	TX   785	14	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed	Occupation (f physician	or Individual)	Memo Item contribution
Receipt For:	Aggregate Year-to-D	ate ▼	
Primary General Other (specify) ▼	4	250.00	
Full Name of Individual (Last, First, Middle In Gordon, Verley, , ,	nitial) or Full Organizatio	n Name	Date of Receipt
Mailing Address 1700 E. Mile 3 Road			02 26 2018
City	State Zip (		Transaction ID : SA11AI.42216
mission	TX 785	74	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)	Occupation (fo	or Individual)	Memo Item
selfemployed	physician		contribution
Receipt For:	Aggregate Year-to-D	ate ▼	
Primary General Other (specify)	1.4	500.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	900.00
TOTAL This Period (last page this line number	only)		

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 16 2018 City Zip Code State Transaction ID: SA11AI.42217 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guerra, Daniel, , , Date of Receipt Mailing Address 101 S. Broadway 2018 City State Zip Code Transaction ID: SA11AI.42220 TX Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 163.73 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 327.46 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Guerra, Daniel, , , Date of Receipt Mailing Address 101 S. Broadway 16 2018 City State Zip Code Transaction ID: SA11AI.42221 TX Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 163.73 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 491.19 Other (specify) 577.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Guerra, Marcy, , ,  Mailing Address 13337 Borolo Drive	al) or Full Org	anization Name	Date of Receipt
				01 16 2018
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.41790
	FEC ID number of contributing federal political committee.	C	10041	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed	Occup: physic	ation (for Individual) ian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
В.	Full Name of Individual (Last, First, Middle Initi Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	02 26 2018
	edinburg	TX	78541	Transaction ID : SA11AI.42224  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500,00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Guerra, Marcy, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 13337 Borolo Drive			03 16 2018
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.42225  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 750.00	
H	CUBTOTAL of Receipts This Page (optional)			750.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,  Mailing Address 6020 Wisconsin	itial) or Full Organization Name	Date of Receipt
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.41792  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  250.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,  Mailing Address 6020 Wisconsin	itial) or Full Organization Name	Date of Receipt  02 26 2018
City edinburg  FEC ID number of contributing federal political committee.	State Zip Code 78539	Transaction ID : SA11AI.42228  Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,  Mailing Address 6020 Wisconsin  City	State Zip Code	Date of Receipt  03 16 2018  Transaction ID: SA11AI.42229
edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  750.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		750.00
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BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle Gutierrez, Marco, , ,  Mailing Address 511 N. Depot Road	e Initial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	01 16 2018
City edinburg	TX	78541	Transaction ID : SA11AI.41793
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Gutierrez, Marco, , ,  Mailing Address 511 N. Depot Road	e Initial) or Full Orga	anization Name	Date of Receipt
Oite	0	7:- 0-1-	02 26 2018
City edinburg	State	Zip Code 78541	Transaction ID : SA11AI.42230  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7001	400.00
Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual)	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle C. Gutierrez, Marco, , ,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 511 N. Depot Road			03 16 2018
City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.42231  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye		
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)		·····	1200.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 16 2018 City Zip Code State Transaction ID: SA11AI.41794 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 2018 City State Zip Code Transaction ID: SA11AI.42232 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 16 2018 City Zip Code State Transaction ID: SA11AI.42233 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
١.	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	) or Full Orga	nization Name	Date of Receipt
	Mailing Address 4008 Burns Drive South			01 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.41797
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	selfemployed	physicia	an .	contribution
	Descipt Fam	Aggregate Yea	ar-to-Date ▼	
	Primary General	33 - 3-112 - 101		
	Other (specify) ▼		400.00	
3.	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	) or Full Orga	nization Name	Date of Receipt
-	Mailing Address 4008 Burns Drive South			M M / D D / Y Y Y Y
				02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42238
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual)	Memo Item contribution
		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	4	800.00	
	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	) or Full Orga	nization Name	Date of Receipt
•	Mailing Address 4008 Burns Drive South			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42239
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
				Memo Item
	Name of Employer (for Individual)		tion (for Individual)	contribution
	selfemployed Receipt For:	physicia		CONTRIBUTION
	Primary General	Aggregate Yea	ar-to-Date ▼	
	Other (specify)		1200.00	
s	UBTOTAL of Receipts This Page (optional)		····	1200.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name of Individual (Last, First, Middle Ini Hernandez, Ambrosio, , , Mailing Address 2000 Dana	tial) or Full Or	ganization Name	Date of Receipt				
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.41801  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	phys	pation (for Individual) ician  Year-to-Date ▼  400.00	Memo Item contribution				
В.	Full Name of Individual (Last, First, Middle Ini Hernandez, Ambrosio, , , Mailing Address 2000 Dana	tial) or Full Or	ganization Name	Date of Receipt  02 26 2018				
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.42246  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual) selfemployed		pation (for Individual) ician	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼							
<del>С</del> .	Full Name of Individual (Last, First, Middle Ini Hernandez, Ambrosio, , ,	tial) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 2000 Dana	lo: .		03 16 2018				
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.42247  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed Receipt For:	physi		Memo Item contribution				
	Primary General Other (specify)	Aggregate	∕ear-to-Date ▼ 1200.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Hernandez, Maximiliano, , ,  Mailing Address 301 Byron Nelson Drive	Initial) or Full Organization Name	Date of Receipt
#40 Villas Jardin		01 16 2018
City	State Zip Code	Transaction ID : SA11AI.41803
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle 3. Hernandez, Maximiliano, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 301 Byron Nelson Drive		02 26 2018
#40 Villas Jardin City	State Zip Code	
mcallen	·	Transaction ID : SA11AI.42250
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Hernandez, Maximiliano, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		03 16 2018
City	State Zip Code TX 78503	Transaction ID : SA11AI.42251
mcallen	/6503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 802 Inspiration Road			01 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.41804
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	selfemployed	physic	,	contribution
	Receipt For:	1.,		
	Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 802 Inspiration Road			02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42252
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , ,	tial) or Full Org	anization Name	Date of Receipt
Ο.	Mailing Address 802 Inspiration Road			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42253
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	selfemployed	physic	ian	contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	00 0		
	Other (specify)		750.00	
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		·	750.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Honrubia, Vincent, , ,  Mailing Address 204 Rio Grande	itial) or Full Organization Name	Date of Receipt
		01 16 2018
City	State Zip Code TX 78572	Transaction ID : SA11AI.41806
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle In Honrubia, Vincent, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42256
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle In Honrubia, Vincent, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42257
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Husain, Syed, , Dr.,  Mailing Address 7020 N. 1st  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)   Times Address 7020 N. 1st	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  03 16 2018  Transaction ID: SA11AI.42259  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Inglesias, Norma, Dr., Mailing Address 712 S. Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78577  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  O1 16 2018  Transaction ID: SA11Al.41808  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Inglesias, Norma, , Dr.,  Mailing Address 712 S. Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary Other (specify)	Initial) or Full Organization Name    State	Date of Receipt    Mark   26
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	900.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Iglesias, Norma, , Dr.,  Mailing Address 712 S. Cage  City Pharr  FEC ID number of contributing federal political committee.	State Zip Code 78577	Date of Receipt  03 16 2018  Transaction ID : SA11AI.42261  Amount of Each Receipt this Period  400.00
Name of Employer (for Individual) self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1200.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City	State Zip Code	Date of Receipt    M
McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Amount of Each Receipt this Period  400.00  Memo Item contribution
Other (specify) ▼  Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M 02
		1200.00
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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl Igoa, Jose, E., Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3716 S 'J' Street		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42263
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middl 3. Jinenez-Flores, Danielle, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 4212 Lebanon	7, 0, 4	02 26 2018
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.42270  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middl C. Jinenez-Flores, Danielle, , Dr.,		Date of Receipt
Mailing Address 4212 Lebanon		03 16 2018
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.42271  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC		
Α.	Full Name of Individual (Last, First, Middle Initi Kalaf, Nelson, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 5401 N. 8th Street		_	01 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.41816
	mcAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	physi	cian	contributon
	Receipt For: Primary General Other (specify) ▼	' '	/ear-to-Date ▼	
	Other (specify)		200.00	
В.	Full Name of Individual (Last, First, Middle Initi Kalaf, Nelson, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 5401 N. 8th Street			02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42276
	mcAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contributon
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼		500.00	
_	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	ganization Name	5. (5. )
C.	Kalaf, Nelson, , ,			Date of Receipt
	Mailing Address 5401 N. 8th Street  City	State	Zip Code	03 / 16 2018
	mcAllen	TX	78504	Transaction ID : SA11AI.42277  Amount of Each Receipt this Period
	FEC. ID asserbles of contribution			7 thousand of Each Floodipt this Foliod
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)		oation (for Individual)	Memo Item
	selfemployed Receipt For:	physic	cian	contributon
	·	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify)		750.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Full Name of Individual (Last, First, Middle Kanhere, Gauri, , ,  Mailing Address 2548 Palm Circle	Initial) or Full Organ	ization Name	Date of Receipt  O1 16 2018
City	State	Zip Code	Transaction ID : SA11AI.41817
rio grande city	TX	78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed	Occupati physicial	on (for Individual) n	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Kanhere, Gauri, , ,  Mailing Address 2548 Palm Circle	Initial) or Full Organ	ization Name	Date of Receipt
City rio grande city	State TX	Zip Code 78582	02 26 2018  Transaction ID : SA11AI.42278  Amount of Food Boogist this Boried
FEC ID number of contributing federal political committee.	C	70302	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupati physicia	ion (for Individual) n	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle . Kanhere, Gauri, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 2548 Palm Circle			03 16 2018
City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.42279
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupati physiciar	on (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional).			750.00
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	nd Statements may not be sold or used by any properties that the name and address of any political committees.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Kaplan, Adolfo, , Dr.,	Date of Receipt	
Mailing Address 7902 N. 2th Street	02 26 2018	
City	State Zip Code	Transaction ID : SA11AI.42280
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	200.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle Kaplan, Adolfo, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 7902 N. 2th Street		03 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.42281
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 213 e. Xenops		01 16 2018
City	State Zip Code TX 78504	Transaction ID : SA11AI.41821
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional	l)	650.00
TOTAL This Period (last page this line num	ber only)	

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	I Statements may not be sold or used by any pethe name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Kiani, Gholam, , ,  Mailing Address 213 e. Xenops	Date of Receipt  02 26 2018					
City	State Zip Code TX 78504	Transaction ID : SA11AI.42286				
mcallen  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  500.00	contribution				
Full Name of Individual (Last, First, Middle Kiani, Gholam, , ,  Mailing Address 213 e. Xenops	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	03 16 2018  Transaction ID : SA11Al.42287				
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00					
Full Name of Individual (Last, First, Middle C. Klenz, Mary Elizabeth, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5111 N. 10th Street		02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42290				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	650.00				
TOTAL This Period (last page this line number	er only)					

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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144 66 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Klenz, Mary Elizabeth, , , Date of Receipt Mailing Address 5111 N. 10th Street 16 2018 City Zip Code State Transaction ID: SA11AI.42291 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kutugata, Jorge, , , Date of Receipt Mailing Address Rt 2 Box 522-K 01 16 2018 City State Zip Code Transaction ID: SA11AI.41825 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kutugata, Jorge, , , Date of Receipt Mailing Address Rt 2 Box 522-K 26 2018 City State Zip Code Transaction ID: SA11AI.42292 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

7

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650.00

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for each category of the 12 Detailed Summary Page

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , ,  Mailing Address Rt 2 Box 522-K  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date  750.00	Date of Receipt  03 16 2018  Transaction ID: SA11AI.42293  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ledesma, Raul, , Dr.,  Mailing Address 5508 N. 1st Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)   Full Name of Individual (Last, First, Middle	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   300.00	Date of Receipt  03 16 2018  Transaction ID: SA11Al.42299  Amount of Each Receipt this Period  100.00  Memo Item contribution
Linebarger, Dale, , ,  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78703  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street #405 2018 City State Zip Code Transaction ID: SA11AI.42311 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street 16 2018 #405 City State Zip Code Transaction ID: SA11AI.42312 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Linsangan, Linette, , Dr., Date of Receipt Mailing Address 105 E. Yellowhammer 16 2018 City State Zip Code Transaction ID: SA11AI.42314 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) IT

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NAME OF COMMITTEE (IN FUII)  BORDER HEALTH FEDERAL PAC									

	BORDER HEALTH FEDERAL F	AC					
	ull Name of Individual (Last, First, Middle Init Loja, Wilmer, , Dr.,	Date of Receipt  03 16 2018					
N	failing Address 105  E. Yellowhammer						
C	City	State	Zip Code	Transaction ID : SA11AI.42322			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		100.00			
N	lame of Employer (for Individual)		upation (for Individual)	Memo Item			
	self employed	phys	sician	contribution			
R	Receipt For:  Primary General  Other (specify) ▼						
Bl	ull Name of Individual (Last, First, Middle Init Lopez, Alfredo, , , Mailing Address 7609 N. 24th Circle	Date of Receipt					
IV	railing Address 7609 N. 24th Circle	03 16 2018					
С	city	State	Zip Code	Transaction ID : SA11AI.42326			
<u>n</u>	ncallen	TX	78504	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		100.00			
S	lame of Employer (for Individual) elfemployed		upation (for Individual) sician	Memo Item contribution			
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
	ull Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Date of Receipt			
N	failing Address 3801 Sundown Court East	01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	ity mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.41845  Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	C		250.00			
s	lame of Employer (for Individual) elfemployed		upation (for Individual) sician	Memo Item contribution			
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
SU	BTOTAL of Receipts This Page (optional)			450.00			
то	TAL This Period (last page this line number of	only)	<b>&gt;</b>	7 7 7			

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangi, Salil, , , Date of Receipt Mailing Address 3801 Sundown Court East 2018 City Zip Code State Transaction ID: SA11AI.42333 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mangi, Salil, , Date of Receipt Mailing Address 3801 Sundown Court East 16 2018 City State Zip Code Transaction ID: SA11AI.42334 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 26 2018 City State Zip Code Transaction ID: SA11AI.42335 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 16 2018 City Zip Code State Transaction ID: SA11AI.42336 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 01 16 2018 City State Zip Code Transaction ID: SA11AI.41847 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 26 2018 City Zip Code State Transaction ID: SA11AI.42337 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 925.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 16 2018 City Zip Code State Transaction ID: SA11AI.42338 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Marquez, Guillermo, , , Date of Receipt Mailing Address 1702 Trinity Road 01 16 2018 City State Zip Code Transaction ID: SA11AI.41848 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Marquez, Guillermo, , , Date of Receipt Mailing Address 1702 Trinity Road 26 2018 City State Zip Code Transaction ID: SA11AI.42339 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by a le name and address of any political com-	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Marquez, Guillermo, , ,  Mailing Address 1702 Trinity Road	nitial) or Full Organization Name	Date of Receipt
-		03 16 2018
City	State Zip Code 78572	Transaction ID : SA11AI.42340
mission	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1200.00	0
Full Name of Individual (Last, First, Middle In Martinez, Agustin, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 7603 N. 2nd Lane		01 16 2018
City	State Zip Code	Transaction ID : SA11AI.41849
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	0
Full Name of Individual (Last, First, Middle In Martinez, Agustin, , ,	L nitial) or Full Organization Name	Date of Receipt
Mailing Address 7603 N. 2nd Lane		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42341
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	800.00	0
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number		

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.		al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 7603 N. 2nd Lane			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42342
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	physi	cian	contribution
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi Martinez, Ricardo, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1903 W. Smith			01 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.41850
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼		400.00	
	Full Name of Individual (Last, First, Middle Initi Martinez, Ricardo, , ,	al) or Full Org	ganization Name	Date of Receipt
Ο.	Mailing Address 1903 W. Smith			02 26 2018
	City	State	Zip Code	Transaction ID : SA11AI.42343
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item contribution
	selfemployed Receipt For:	physic		
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify)		800.00	
s	SUBTOTAL of Receipts This Page (optional)		·····	1200.00
Т	OTAL This Period (last page this line number of	only)		

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Ricardo, , , Date of Receipt Mailing Address 1903 W. Smith 16 2018 City Zip Code State Transaction ID: SA11AI.42344 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Robert, , Dr., Date of Receipt Mailing Address 2809 Santa Lydia 16 2018 City State Zip Code Transaction ID: SA11AI.42346 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mata, Nelson, Dr., Date of Receipt Mailing Address 1705 Palazzo 16 2018 City Zip Code State Transaction ID: SA11AI.42350 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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	ny information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.		al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 1300 1 1/2 Street			01 16 2018					
	City	State	Zip Code	Transaction ID : SA11AI.41857					
	mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	selfemployed	physic	cian	contribution					
	Receipt For:  Primary General  Other (specify) ▼								
— В.	Full Name of Individual (Last, First, Middle Initi Medina, Bertha, , ,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 1300 1 1/2 Street			02 26 2018					
	City	State	Zip Code	Transaction ID : SA11AI.42357					
	mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occup physi	oation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	′ear-to-Date ▼						
	Primary General  Other (specify) ▼	4							
	Full Name of Individual (Last, First, Middle Initi Medina, Bertha, , ,	al) or Full Org	ganization Name	Date of Receipt					
•	Mailing Address 1300 1 1/2 Street			03 16 2018					
	City	State	Zip Code	Transaction ID : SA11AI.42358					
	mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual)		pation (for Individual)	Memo Item					
	selfemployed	physic	cian	contribution					
	Receipt For:  Primary General	Aggregate Y	'ear-to-Date ▼						
	Other (specify)		1200.00						
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1200.00					
Т	OTAL This Period (last page this line number o	nly)							

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 16 2018 City Zip Code State Transaction ID: SA11AI.41859 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 2018 City State Zip Code Transaction ID: SA11AI.42361 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 16 2018 City State Zip Code Transaction ID: SA11AI.42362 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 78 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 2018 City Zip Code State Transaction ID: SA11AI.42363 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mercado, Manuel, , , Date of Receipt Mailing Address 3002 Santa Susana 01 16 2018 City State Zip Code Transaction ID: SA11AI.41863 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mercado, Manuel, , , Date of Receipt Mailing Address 3002 Santa Susana 26 2018 City State Zip Code Transaction ID: SA11AI.42369 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 590.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	(che	ck only 11a 13	one) 11b 14		11c 15		12 16		17
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mercado, Manuel,,, Date of Receipt Mailing Address 3002 Santa Susana 16 2018 City Zip Code State Transaction ID: SA11AI.42370 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Milano, Emil, , Dr., Date of Receipt Mailing Address 225 E. Cornell 16 2018 City State Zip Code Transaction ID: SA11AI.42375 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution private investor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Carlos, N., Jr. Date of Receipt Mailing Address 2821 Michael Angelo 16 2018 City State Zip Code Transaction ID: SA11AI.42379 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mohme, Ruben, , Dr., Date of Receipt Mailing Address 7309 N. 4th Street 16 2018 City Zip Code State Transaction ID: SA11AI.42383 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moncada, Armando, , Dr., Date of Receipt Mailing Address 1421 North 2nd Street 01 16 2018 City State Zip Code Transaction ID: SA11AI.41870 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moncada, Armando, , Dr., Date of Receipt Mailing Address 1421 North 2nd Street 26 2018 City State Zip Code Transaction ID: SA11AI.42384 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\	AME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PA	ı.C		
۱۱	ull Name of Individual (Last, First, Middle Initial) Moncada, Armando, , Dr.,	or Full Orga	nization Name	Date of Receipt
M	ailing Address 1421 North 2nd Street	03 16 2018		
	ity	State TX	Zip Code	Transaction ID : SA11AI.42385
	/IcAllen	78504	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.		400.00	
N	ame of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
se	elf-employee	physicia	an	contribution
R	eceipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1200.00	
3. <u>N</u>	ull Name of Individual (Last, First, Middle Initial)  Morales, Carlos, , ,  ailing Address 3325 Kent Lane	or Full Orga	nization Name	Date of Receipt
IVI	ailing Address 3325 Kent Lane			01 16 2018
С	ity	State	Zip Code	Transaction ID : SA11AI.41872
<u>m</u>	ncallen	TX	78503	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		400.00
	ame of Employer (for Individual) elfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution
R	eceipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
	ull Name of Individual (Last, First, Middle Initial)	or Full Orga	nization Name	Date of Receipt
	ailing Address 3325 Kent Lane			02
	ity ncallen	State TX	Zip Code 78503	Transaction ID : SA11AI.42388
FI	EC ID number of contributing deral political committee.	C		Amount of Each Receipt this Period 400.00
	ame of Employer (for Individual)	tion (for Individual)	Memo Item contribution	
R	eceipt For: Primary General Other (specify)	Aggregate Yea		
SUE	BTOTAL of Receipts This Page (optional)			1200.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Morales, Carlos, , , Date of Receipt Mailing Address 3325 Kent Lane 16 2018 City Zip Code State Transaction ID: SA11AI.42389 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 16 2018 City State Zip Code Transaction ID: SA11AI.41874 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 26 2018 City State Zip Code Transaction ID: SA11AI.42392 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC		
Α.	Full Name of Individual (Last, First, Middle Initi Moreno, Leonel, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1608 Woods Drive			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42393
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	250.00		
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	physi	cian	contribution
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi O'Callaghan, William, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 111 NE Augusta Square			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42401
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼		300.00	
_	Full Name of Individual (Last, First, Middle Initi Ochoa, Alfonso, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
Ο.	Mailing Address 1901 W. 18th Street			03 16 2018
	City	State	Zip Code	Transaction ID : SA11AI.42403
	Weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item contribution
	self-employed Receipt For:	physic		Contribution
	Primary General	Aggregate Y	∕ear-to-Date ▼	
	Other (specify)		300.00	
s	SUBTOTAL of Receipts This Page (optional)		·····	450.00
Т	OTAL This Period (last page this line number of	only)		

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 16 2018 City Zip Code State Transaction ID: SA11AI.42407 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ogunlana, Victor, , Dr., Date of Receipt Mailing Address 2604 Santa Teresa 16 2018 City State Zip Code Transaction ID: SA11AI.42409 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 16 2018 City State Zip Code Transaction ID: SA11AI.42413 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Orfanos, Athanaji, , Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3013 Lakeshore Drive	03 16 2018					
City	State Zip Code	Transaction ID : SA11AI.42415				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle Otero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 121 E. Quamasia		M = M / D = D / Y = Y = Y				
#148 City	01 16 2018					
mcallen	State Zip Code 78501	Transaction ID : SA11AL41891  Amount of Each Receipt this Period				
FEC ID number of contributing		7. Modific of Eddit Hoodpt tillo 1 chod				
federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	400.00					
Full Name of Individual (Last, First, Middle Cotero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 121 E. Quamasia #148		02 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.42424				
		Amount of Each Receipt this Period				
federal political committee.	EC ID number of contributing deral political committee.					
Name of Employer (for Individual)	Memo Item					
selfemployed	contribution					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify)	800.00					
SUBTOTAL of Receipts This Page (optional	)	900.00				
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Otero, Fernando,,, Date of Receipt Mailing Address 121 E. Quamasia #148 16 2018 City State Zip Code Transaction ID: SA11AI.42425 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Owen, Kip, , , Date of Receipt Mailing Address 2305 Red River 16 2018 City State Zip Code Transaction ID: SA11AI.42427 TX mcallen 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary 16 2018 City Zip Code State Transaction ID: SA11AI.41895 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary 2018 City Zip Code State Transaction ID: SA11AI.42432 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary 16 2018 City State Zip Code Transaction ID: SA11AI.42433 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pathak, Umesh, , , Date of Receipt Mailing Address 2004 Alexander Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42435 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

federal political committee.

Other (specify)

self-employed

Primary

Receipt For:

Name of Employer (for Individual)

# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pean, Harold, J., Dr., Date of Receipt Mailing Address 700 16 2018 **Brazos** City Zip Code State Transaction ID: SA11AI.42437 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 01 16 2018 City State Zip Code Transaction ID: SA11AI.41898 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 26 2018 City State Zip Code Transaction ID: SA11AI.42438 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00

Occupation (for Individual)

physician

Memo Item

contribution

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	s and Statements may not be sold or used by any persising the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mi Pechero, Guillermo, , Dr.,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2312 La Condesa		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42439
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Mi  Pena, Jose, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Bluebird	Oct.   T. O.	01 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41900
	7,000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Bluebird		02 26 2018
City	State Zip Code TX 78504	Transaction ID : SA11AI.42442
mcallen	/8504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	800.00	
SUBTOTAL of Receipts This Page (option	onal)	1200.00
TOTAL This Period (last page this line n	number only)	

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Pena, Jose, , ,  Mailing Address 100 Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1200.00	Date of Receipt  03 16 2018  Transaction ID: SA11AI.42443  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Pena, Juan, , , Mailing Address 905 S. Huisache Court  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78577  C   Occupation (for Individual)   private investor   Aggregate Year-to-Date ▼   400,00	Date of Receipt  O1 16 2018  Transaction ID: SA11AI.41901  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Pena, Juan, , ,  Mailing Address 905 S. Huisache Court  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  800.00	Date of Receipt  02
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Pena, Juan, , ,  Mailing Address 905 S. Huisache Court	Initial) or Full Organi	ization Name	Date of Receipt
City	State	Zin Codo	03 16 2018
City pharr	State	Zip Code 78577	Transaction ID : SA11AI.42445
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  400.00
Name of Employer (for Individual) self-employed	private in		Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle Pena, Raul, , Dr.,  Mailing Address 3500 San Clemente	Initial) or Full Organi	ization Name	Date of Receipt
City		Zip Code	02 26 2018  Transaction ID : SA11AI.42446
Mission  FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupation physician	on (for Individual) n	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Pena, Raul, , Dr.,	Initial) or Full Organi	ization Name	Date of Receipt
Mailing Address 3500 San Clemente			03 16 2018
City Mission	State	Zip Code 78572	Transaction ID : SA11AI.42447
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupation physician	on (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year	7-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional).		·····	650.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER: PAGE 92 OF 144 Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	02 26 2018  Transaction ID : SA11AI.42448
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge	itial) or Full Organization Name	Date of Receipt
		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42449
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle In Pereira, Nicholas, , Dr.,	itial) or Full Organization Name	Date of Receipt
Mailing Address 7005 North Cynthia		03 16 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.42451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	500.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	 _ PAC	
Full Name of Individual (Last, First, Middle Perez, Florencia, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4600 Victoria		03 16 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.42455
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	99109ato 16a1-t0-Date ▼	
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Perez, Guillermo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7333		M M / D D / Y B Y B Y
N. 4th Street	Ctoto 7:- 01-	01 16 2018
City	State Zip Code	Transaction ID : SA11AI.41908
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Perez, Guillermo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7333  N. 4th Street		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42458
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify)	800.00	
SUBTOTAL of Receipts This Page (optional).		900.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle Perez, Guillermo, , Dr.,	Initial) or Full Org	anization Name	Date of Red	ceipt			
Mailing Address 7333			03	16 2018			
N. 4th Street City	State	Zip Code		on ID : SA11AI.42459			
McAllen	TX	78504		Each Receipt this Period			
FEC ID number of contributing federal political committee.	С			400.00			
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo	Item			
Self employed	physic	ian	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00					
Full Name of Individual (Last, First, Middle Pierson, Claudia, , ,  Mailing Address 6912 N. Peking	   Initial) or Full Org	anization Name	Date of Rec	D D / Y Y Y Y Y			
011	la		01	16 2018			
City	State	Zip Code		on ID : SA11AI.41909			
mcallen	TX	78501	Amount of I	Each Receipt this Period			
FEC ID number of contributing federal political committee.	C			400.00			
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00					
Full Name of Individual (Last, First, Middle C. Pierson, Claudia, , ,	   Initial) or Full Org	anization Name	Date of Red	ceint			
Mailing Address 6912 N. Peking			M M / 02	<u> </u>			
City mcallen	State TX	Zip Code 78501		on ID : SA11AI.42460			
	177	70301	Amount of I	Each Receipt this Period			
FEC ID number of contributing federal political committee.	C			400.00			
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo	Item			
selfemployed	physic	ian	contribution				
Receipt For:	Aggregate Ye	ear-to-Date ▼					
Other (specify)  General		800.00					
SUBTOTAL of Receipts This Page (optional)	)	·····		1200.00			
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# SCHEDULE A (FEC Form 3X)

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144 95 OF Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking 16 2018 City Zip Code State Transaction ID: SA11AI.42461 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street 01 16 2018 City State Zip Code Transaction ID: SA11AI.41910 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pope, Bill, Dr., Date of Receipt Mailing Address 5600 North 5th Street 26 2018 City State Zip Code Transaction ID: SA11AI.42462 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

Name of Employer (for Individual)

General

selfemployed

Receipt For:

Primary

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street 2018 16 City State Zip Code Transaction ID: SA11AI.42463 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 01 16 2018 City State Zip Code Transaction ID: SA11AI.41912 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 26 2018 City State Zip Code Transaction ID: SA11AI.42466 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee.

Other (specify)	500.00										
SUBTOTAL of Receipts This Page (optional)											
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500.00

Occupation (for Individual)

physician

Aggregate Year-to-Date ▼

Memo Item

contribution

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC								
Α.	Full Name of Individual (Last, First, Middle Initi- Preciado, Sergio, , , Mailing Address 521 E. Bluebird	al) or Full Orga	anization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.42467						
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  250.00								
	Name of Employer (for Individual) selfemployed Receipt For:	Memo Item contribution								
	Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initi-Ramirez, Ernesto, , Dr.,  Mailing Address P.O.Box 720298	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	03 16 2018  Transaction ID : SA11Al.42479						
	McAllen	TX	78502	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Ramirez, Sergio, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1608 Woods Drive			01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41920  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed Receipt For:	physicia		Memo Item contribution						
	Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 250.00							
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u> </u>	600.00						

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	Statements may not be sold or used by any perthe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , ,  Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Self Name of Last intention of the contribution of the c	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 16 2018  Transaction ID: SA11Al.42483  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ramos, Gustavo, , ,  Mailing Address 1301 S. Perking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physicain  Aggregate Year-to-Date   400.00	Date of Receipt  16 2018  Transaction ID: SA11AI.41921  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	900.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Ramos, Gustavo, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1301 S. Perking	02 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI.42484					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	400.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physicain	contribution					
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General							
Other (specify) ▼	800.00						
Full Name of Individual (Last, First, Middle Ramos, Gustavo, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1301 S. Perking		03 16 2018					
City	State Zip Code	Transaction ID : SA11AI.42485					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	, and the second						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physicain	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00						
Full Name of Individual (Last, First, Middle Reddy, R.V., , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1500 Southland Drive		02 26 2018					
City	State Zip Code	Transaction ID : SA11AI.42494					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General	riggregate rear-to-Date ▼						
Other (specify)	250.00						
SUBTOTAL of Receipts This Page (optional).		925.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mi Reddy, R.V., , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1500 Southland Drive	03 16 2018	
City	State Zip Code	Transaction ID : SA11AI.42495
weslaco	TX 78596	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼		
Full Name of Individual (Last, First, Mi  3. Reddy, Vangala, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 605 Tulip	la	02 26 2018
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42496
	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 605 Tulip		03 16 2018
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.42497  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	600.00	
SUBTOTAL of Receipts This Page (option	onal)	525.00
TOTAL This Period (last page this line n	number only)	1 1 40 1 1 40 1 1 40 1

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or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Restrepo, William, , ,  Mailing Address 1117 S. Cynthia	itial) or Full Organization Name	Date of Receipt
O't.	01 16 2018	
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41929
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For:	physician	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In Restrepo, William, , ,  Mailing Address 1117 S. Cynthia	itial) or Full Organization Name	Date of Receipt
		02 26 2018
City	State Zip Code	Transaction ID : SA11AI.42500
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
	4 1140	
Full Name of Individual (Last, First, Middle In Restrepo, William, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1117 S. Cynthia		03 16 2018
City	State Zip Code	Transaction ID : SA11AI.42501
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ringheanu, Mihaela, , Dr., Date of Receipt Mailing Address 3214 2018 Banyan Circle City Zip Code State Transaction ID: SA11AI.42502 TX Harlingen 78550 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ringheanu, Mihaela, , Dr., Date of Receipt Mailing Address 3214 16 2018 Banyan Circle City State Zip Code Transaction ID: SA11AI.42503 TX Harlingen 78550 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rivas, Homero, , , Date of Receipt Mailing Address 100 E. Houston 16 2018 City State Zip Code Transaction ID: SA11AI.41931 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pe the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Full Name of Individual (Last, First, Middle Rivas, Homero, , ,  Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General	State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    M						
Full Name of Individual (Last, First, Middle  Rivas, Homero, , ,  Mailing Address 100 E. Houston  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Full Name of Individual (Last, First, Middle Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  M M / 16 2018  Transaction ID: SA11AI.41932  Amount of Each Receipt this Period  250.00  Memo Item contribution						
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00						
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 2018 City Zip Code State Transaction ID: SA11AI.42506 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physcian contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 16 2018 City State Zip Code Transaction ID: SA11AI.42507 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physcian Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rodriguez, Edgar, , Dr., Date of Receipt Mailing Address 815 Crown Circle 16 2018 City State Zip Code Transaction ID: SA11AI.42519 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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144 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 2018 City Zip Code State Transaction ID: SA11AI.42522 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 16 2018 City State Zip Code Transaction ID: SA11AI.42523 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Saca, Paulette, , , Date of Receipt Mailing Address 109 Condor 16 2018 City State Zip Code Transaction ID: SA11AI.42527 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saenz, Javier, , , Date of Receipt Mailing Address 2308 Monaco Drive 16 2018 City Zip Code State Transaction ID: SA11AI.41943 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Saenz, Javier, , , Date of Receipt Mailing Address 2308 Monaco Drive 2018 City State Zip Code Transaction ID: SA11AI.42528 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Saenz, Javier, , , Date of Receipt Mailing Address 2308 Monaco Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42529 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Saenz, JJ, , ,  Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State TX	Zip Code 78503 tion (for Individual)	Date of Receipt  O1
3.	Primary General Other (specify) ▼	State TX  Occupa physicia Aggregate Yea	Zip Code 78503 tion (for Individual) an ar-to-Date ▼	Date of Receipt  02
<b>.</b>	Full Name of Individual (Last, First, Middle Initial Saenz, JJ, , ,  Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State TX	Zip Code 78503	Date of Receipt  M M M / D D / 2018  Transaction ID: SA11AI.42533  Amount of Each Receipt this Period  400.00  Memo Item contribution
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1200.00
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd suite 10 16 2018 City Zip Code State Transaction ID: SA11AI.41946 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd 2018 suite 10 City State Zip Code Transaction ID: SA11AI.42534 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd 16 2018 suite 10 City State Zip Code Transaction ID: SA11AI.42535 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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selfemployed

Receipt For:

Primary

General

SUBTOTAL of Receipts This Page (optional).....

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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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contribution

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 2018 16 City State Zip Code Transaction ID: SA11AI.41947 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 2018 City State Zip Code Transaction ID: SA11AI.42536 TX 78504 McAllen Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle In Salazar, Juan, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 801 E Nolana Loop			03 16 YYYYY 03 16 2018
City	State	Zip Code	Transaction ID : SA11AI.42537
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
selfemployed	physic	cian	contribution
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 750.00	
		_	

physician

Aggregate Year-to-Date ▼

750.00

FEC ID number of contributing

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144 PAGE 110 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salinas, Mariano, , Dr., Date of Receipt Mailing Address 2203 Red River 16 2018 City Zip Code State Transaction ID: SA11AI.42541 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sanchez, Elisa, Garza, Date of Receipt Mailing Address 3509 2018 N. Glasscock City State Zip Code Transaction ID: SA11AI.42542 TX Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sanchez, Elisa, Garza, Date of Receipt Mailing Address 3509 16 2018 N. Glasscock City State Zip Code Transaction ID: SA11AI.42543 TX Mission 78574 Amount of Each Receipt this Period

C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

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And information and the second	01-1	f H		
	Statements may not be sold or used by any per e name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle Ir Sanchez, Manuel, , ,  Mailing Address 2804 Santa Lydia  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	Date of Receipt  M M M J 16 2018  Transaction ID : SA11AI.42545  Amount of Each Receipt this Period  100.00  Memo Item contribution			
Full Name of Individual (Last, First, Middle Ir Serna, Samuel, , Dr.,  Mailing Address 125 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   300.00	Date of Receipt  03		
Full Name of Individual (Last, First, Middle In Shuaib, Tawhid, , ,  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  O1 16 2018  Transaction ID: SA11AI.41958  Amount of Each Receipt this Period  400.00  Memo Item contribution		
SUBTOTAL of Receipts This Page (optional)		600.00		
TOTAL This Period (last page this line number	only)			

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shuaib, Tawhid, , , Date of Receipt Mailing Address 4000 Burns Drive 2018 City Zip Code State Transaction ID: SA11AI.42554 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shuaib, Tawhid, , , Date of Receipt Mailing Address 4000 Burns Drive 16 2018 City State Zip Code Transaction ID: SA11AI.42555 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Slavin, Dennis, , , Date of Receipt Mailing Address 1501 S. Oklahoma 16 2018 City State Zip Code Transaction ID: SA11AI.42561 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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				on for the purpose of soliciting contributions o solicit contributions from such committee.			
\	DER HEALTH FEDERAL PA	AC .					
Solis,	ne of Individual (Last, First, Middle Initial Joel, , , Address 405 E. Avocet	) or Full Orga	nization Name	Date of Receipt			
				02 26 2018			
City		State TX	Zip Code	Transaction ID : SA11AI.42564			
Mcallen		IX	78501	Amount of Each Receipt this Period			
	number of contributing political committee.	С		150.00			
Name of self-emp	f Employer (for Individual)	Occupa:	tion (for Individual)	Memo Item			
Receipt		Aggregate Yea		Contribution			
Ot	ther (specify) ▼		300.00				
Solis,	ne of Individual (Last, First, Middle Initial Joel, , ,	) or Full Orga	nization Name	Date of Receipt			
	Address 405 E. Avocet	03 16 2018					
City		State	Zip Code	Transaction ID : SA11AI.42565			
Mcallen		TX	78501	Amount of Each Receipt this Period			
	number of contributing political committee.	ů l					
Name of self-emp	f Employer (for Individual) lloyed	Occupa physicia	tion (for Individual) an	Memo Item contribution			
Receipt		Aggregate Yea	ar-to-Date ▼				
	imary		450.00				
	ne of Individual (Last, First, Middle Initial Hector, , Dr.,	) or Full Orga	nization Name	Date of Receipt			
	Address 101 South Greenbriar			01 16 2018			
City McAllen	1	State TX	Zip Code 78502	Transaction ID : SA11AI.41964  Amount of Each Receipt this Period			
	number of contributing political committee.	С		250.00			
Name of self-emp	f Employer (for Individual)	Occupa	tion (for Individual)	Memo Item contribution			
Receipt		Aggregate Yea					
	imary General ther (specify)		250.00				
SUBTOTA	L of Receipts This Page (optional)			550.00			
TOTAL Th	nis Period (last page this line number on	ly)					

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Soto, Hector, , Dr., Date of Receipt Mailing Address 101 South Greenbriar 2018 City Zip Code State Transaction ID: SA11AI.42566 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Soto, Hector, , Dr., Date of Receipt Mailing Address 101 South Greenbrian 16 2018 City State Zip Code Transaction ID: SA11AI.42567 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Swarup, Jyothi, , Dr., Date of Receipt Mailing Address 8109 N. 1st Street 16 2018 City State Zip Code Transaction ID: SA11AI.42573 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tey, Alejandro, , , Date of Receipt Mailing Address 3012 Laurie Lane 16 2018 City State Zip Code Transaction ID: SA11AI.41970 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tey, Alejandro, , , Date of Receipt Mailing Address 3012 Laurie Lane 2018 City State Zip Code Transaction ID: SA11AI.42578 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tey, Alejandro, , , Date of Receipt Mailing Address 3012 Laurie Lane 16 2018 City State Zip Code Transaction ID: SA11AI.42579 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee t				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name of Individual (Last, First, Middle Trejo, Jose, , ,  Mailing Address 112 S. Broadway	Initial) or Full Organization Name	Date of Receipt			
City	State Zip Code	01 16 2018 Transaction ID : SA11AI.41973			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed	private investor	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name of Individual (Last, First, Middle Trejo, Jose, , , Mailing Address 112 S. Broadway	Initial) or Full Organization Name	Date of Receipt			
		02 26 2018			
City	State Zip Code	Transaction ID : SA11AI.42584			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name of Individual (Last, First, Middle Trejo, Jose, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 112 S. Broadway		03 16 2018			
City	State Zip Code	Transaction ID : SA11AI.42585			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	750.00				
SUBTOTAL of Receipts This Page (optional)	•	750.00			
TOTAL This Period (last page this line numb	er only)				

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	Statements may not be sold or used by any per- he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9123 1st Street		03 16 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.42587  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name of Individual (Last, First, Middle In Turley, Susan, , ,  Mailing Address 312 Thunderbird	Initial) or Full Organization Name	Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41975  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 312 Thunderbird		02 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42588  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	····	600.00
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				son for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMM BORDER H	NITTEE (In Full) EALTH FEDERAL PA	4C					
Full Name of Indi Turley, Susan, Mailing Address		l) or Full Orga	nization Name	Date of Receipt			
Walling Address (	312 Munderblid			03 16 2018			
City		State	Zip Code	Transaction ID : SA11AI.42589			
mcallen		TX	78504	_ Amount of Each Receipt this Period			
FEC ID number of federal political co		С		250.00			
Name of Employe	er (for Individual)	Occupa	tion (for Individual)	Memo Item			
self-employed		physicia	an	contribution			
Receipt For: Primary Other (spec	General ify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00				
3. Twahirwa, Ma		l) or Full Orga	inization Name	Date of Receipt			
Mailing Address 2	2403 El Encino Drive			01 16 2018			
City		State	Zip Code	Transaction ID : SA11AI.41976			
mission		TX	78572	Amount of Each Receipt this Period			
FEC ID number of federal political co	•	С		250.00			
Name of Employed selfemployed	er (for Individual)	Occupa physici	ation (for Individual) an	Memo Item contribution			
Receipt For: Primary Other (spec	General sify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00				
Full Name of Indi	vidual (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt			
	2403 El Encino Drive			02 26 YYYYY 26 2018			
City mission		State TX	Zip Code 78572	Transaction ID : SA11AI.42590			
		1//	10012	Amount of Each Receipt this Period			
FEC ID number of federal political co	•	C		250.00			
Name of Employed selfemployed	er (for Individual)	Occupa physicia	ition (for Individual) an	Memo Item contribution			
Receipt For:		Aggregate Yea	ar-to-Date ▼	7			
Other (spec	General ify)	7	500.00				
SUBTOTAL of Rece	eipts This Page (optional)		<b>•</b>	750.00			
TOTAL This Period	(last page this line number or	nly)		1 1 40 1 1 40 1 1 40 1			

FOR LINE NUMBER: PAGE 119 OF 144 Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by an the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	03 16 2018
mission	TX 78572	Transaction ID : SA11AI.42591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle  Valladares, Theresa, , Dr.,  Mailing Address 2302 Red River Drive	Initial) or Full Organization Name	Date of Receipt
		03 16 2018
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.42595  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle C. Vasquez, Jose, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2548 Palm Circle		01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city	State Zip Code 78582	Transaction ID : SA11AI.41979
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78582  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Date of Receipt    Mark   26
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Entl Name of Individual (Last, First, Middle I	State Zip Code TX 78582  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 16 2018  Transaction ID: SA11Al.42597  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / 16 2018  Transaction ID: SA11AI.41982  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B	nitial) or Full Organization Name	Date of Receipt  02 26 2018
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code 78503	Transaction ID : SA11AI.42602  Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  500.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B		Date of Receipt  03 16 2018
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code 78503	Transaction ID : SA11AI.42603  Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  750.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Verdoreen, Ramiro, , ,  Mailing Address 301 E. Newport		Date of Receipt  02 26 2018
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  200.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number	<u>^</u>	

FOR LINE NUMBER: PAGE 122 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 16 2018 City Zip Code State Transaction ID: SA11AI.42609 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Villalta, Carlos, , , Date of Receipt Mailing Address P. O. Box 1632 2018 City State Zip Code Transaction ID: SA11AI.42612 TX mission 78573 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Villalta, Carlos, , , Date of Receipt Mailing Address P. O. Box 1632 16 2018 City State Zip Code Transaction ID: SA11AI.42613 TX mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not ne name and address	be sold or used by any period of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Villarreal, Victor, , ,  Mailing Address 901 W. Moore	nitial) or Full Organiza	ation Name	Date of Receipt
			03 16 2018
City		ip Code	Transaction ID : SA11AI.42619
pharr	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer (for Individual)	Occupation	(for Individual)	Memo Item
selfemployed	physician		contribution
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		270.00	
Full Name of Individual (Last, First, Middle In Viswamitra, Saroja, , ,	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 101 Condor	los:	n Oads	01 16 7 2018
City		ip Code	Transaction ID : SA11AI.41991
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occupation physician	n (for Individual)	Memo Item contribution
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name of Individual (Last, First, Middle In Viswamitra, Saroja, , ,	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 101 Condor			02
City		ip Code	Transaction ID : SA11AI.42620
mcallen	TX 7	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual)	Occupation	n (for Individual)	Memo Item
selfemployed	physician		contribution
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify)		800.00	
SUBTOTAL of Receipts This Page (optional)		·····	890.00
TOTAL This Period (last page this line numbe	r only)		

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Viswamitra, Saroja, , , Date of Receipt Mailing Address 101 Condor 16 2018 City Zip Code State Transaction ID: SA11AI.42621 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vitko, Roger, , , Date of Receipt Mailing Address 1017 south 1st 01 16 2018 City State Zip Code Transaction ID: SA11AI.41992 TX mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Vitko, Roger, , , Date of Receipt Mailing Address 1017 south 1st 26 2018 City State Zip Code Transaction ID: SA11AI.42622 TX mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vitko, Roger, , , Date of Receipt Mailing Address 1017 south 1st 16 2018 City Zip Code State Transaction ID: SA11AI.42623 TX mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 01 16 2018 apt 4 City State Zip Code Transaction ID: SA11AI.41993 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 26 2018 apt 4 City State Zip Code Transaction ID: SA11AI.42624 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 16 2018 apt 4 City Zip Code State Transaction ID: SA11AI.42625 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wilcox, Patrick, , , Date of Receipt Mailing Address 111 Rio Grande 16 2018 City State Zip Code Transaction ID: SA11AI.42629 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yarra, Subbarrao, , , Date of Receipt Mailing Address 6905 16 2018 N. Cynthia City State Zip Code Transaction ID: SA11AI.42641 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	:	PAGE	: 1	27 OF	144
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Zayed, Fuad, , Dr.,  Mailing Address 1425 Sweet Lane		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.42643  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	contribution
Full Name of Individual (Last, First, Middla).	e Initial) or Full Organization Name	Date of Receipt
Mailing Address  City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual)  Receipt For:	Occupation (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle).	e Initial) or Full Organization Name	Date of Receipt
Mailing Address	7.0.4	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)  Receipt For:	Occupation (for Individual)	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	75.00
TOTAL This Period (last page this line num	nber only)	101007.46

#### S 17

SCHEDULE B (FEC Form 3X)	T.,		FOR LII	NE NUMBEF	::	PAGE 128 OF 144		
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	l `	(check only one)   ★ 21b 22 23 26 27				
		Summary Page		1b 22 8a 28b	23 28c	26 27 29 30b		
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NAME OF COMMITTEE (In Full)								
BORDER HEALTH FEDERAL PA	'C							
Full Name (Last, First, Middle Initial)				5.				
A. ATT				Date	of Disburse			
Mailing Address P.O. Box 930170				01	0	3 2018		
City	State	Zip Code		FEC. I	dentificatio	n Number		
Dallas	TX	75393				Trumbor		
Purpose of Disbursement telephone land lines			001					
Candidate Name						ID : SB21B.42678		
			Category/ Type	Amour	nt of Each	Disbursement this Period		
Office Sought: House Disburse	ement For:	I		<b>-</b>     [		438.40		
Senate	Primary	General			,	,		
State: District:	Other (sp	ecify) ▼		M	emo Item			
Full Name (Last, First, Middle Initial)								
B. Escamilla, Sandra, , Ms,				Date	of Disburse	ement		
				M = N	/ D	D / Y Y Y Y Y		
Mailing Address 1418 Quince				01	C	2018		
City	State TX	Zip Code		FEC I	dentification	n Number		
McAllen Purpose of Disbursement	1.7	78504						
contract services - salary expenditure			001		onootion	ID : SB21B.42674		
Candidate Name			Category/			Disbursement this Period		
Office Occupies			Type			742.65		
Office Sought: House Disburse Senate	ement For: Primary	General			7	713.65		
President	Other (sp							
State: District:	] (- -	<b>,</b> ,		L M	emo Item			
Full Name (Last, First, Middle Initial)								
C. Escamilla, Sandra, , Ms,				Date	of Disburse			
Mailing Address 1418 Quince				01		9 2018		
City	State	Zin Codo						
City McAllen	TX	Zip Code 78504		FEC I	dentification	n Number		
Purpose of Disbursement	1	<u> </u>		С				
contract services - salary expenditure			001		ansaction	ID : SB21B.42673		
Candidate Name			Category/	Amoui	nt of Each	Disbursement this Period		
Office Sought: House Disburse	ement For:		Туре	$+$ $\Gamma$		713.65		
Senate	Primary	General				7 7		
President	Other (sp	ecify) 🔻		Пм	emo Item			
State: District:	_			"				
CURTOTAL of Dishuman starts This Dans ( 11 )						1865.70		
SUBTOTAL of Disbursements This Page (optional)			•••••••••••••••••••••••••••••••••••••••		-	1000.70		
TOTAL This Period (last page this line number onl	v)							

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SCHEDULE B (FEC Form 3X)					NUMBER:		PAG	GE 129 OF 14
ITEMIZED DISBURSEMENTS		category of the	l `	(check only one)			o	
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NAME OF COMMITTEE (In Full)								
$ \; angle$ BORDER HEALTH FEDERAL PA	С							
Full Name (Last, First, Middle Initial)								
A. Escamilla, Sandra, , Ms,					Date of	Disburse	ement	
M 35 A 11 A 140 Octobr			_	M M	/ D		2010	
Mailing Address 1418 Quince					02		)2	2018
City	State	Zip Code			FEC Id	entificatio	n Number	
McAllen	TX	78504						
Purpose of Disbursement contract services - salary expenditure			001	7	C			
Candidate Name				-			ID : SB21	
			Category Type	"	Amount	of Each	Disbursen	nent this Period
Office Sought: House Disburse	ment For:	I						713.67
Senate	Primary	General				, , , ,	,	
State: District:	Other (spe	ecify) 🔻			Me	mo Item		
Full Name (Last, First, Middle Initial)								
B. Escamilla, Sandra, , Ms,					Date of	Disburse	ement	
					M M	/ D	D / Y	TY TY TY
Mailing Address 1418 Quince					02	] [:	20	2018
City	State	Zip Code			FEC Identification Number			
McAllen Purpose of Disbursement	TX	78504		_	С			
contract services - salary expenditure			001			naadian	ID : SB21	D 42664
Candidate Name			Category	/			_	nent this Period
Office Country			Type					722.07
Office Sought: House Disburse Senate	ment For: Primary	General						722.97
President	Other (spe				п			
State: District:	(-)	,,			Me	mo Item		
Full Name (Last, First, Middle Initial)								
C. Escamilla, Sandra, , Ms,						Disburse		
Mailing Address 1418 Quince				$\neg$	03	/ D	5 / Y	2018
0.	0							
City McAllen	State TX	Zip Code 78504			FEC Id	entificatio	n Number	
Purpose of Disbursement	•••	1,0004		╗	С			
contract services - salary expenditure			001			nsaction	ID : SB21	B.4265€
Candidate Name			Category	/	Amount	of Each	Disbursen	nent this Period
Office Sought: House Disburse	ment For:		Туре	_				722.97
Senate Dispurse	Primary	General				-		
President	Other (spe				Пм			
State: District:					LI Me	mo Item		
SUBTOTAL of Disbursements This Page (optional).		<u></u>		<b></b>				2159.61
TOTAL This Period (last page this line number only	<u> </u>							

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SCHEDULE B (FEC Form 3X)	11	and all all a	FOR LINE	NUMBER:		PAGE 130 OF 14
ITEMIZED DISBURSEMENTS		category of the	(check only		] 00	
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 27 29 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
$ \; angle$ BORDER HEALTH FEDERAL P	AC					
/						
Full Name (Last, First, Middle Initial)				Date of D	isbursemei	nt
A. Escamilla, Sandra, , Ms,				Date of D	/ D D	/ Y Y Y Y Y
Mailing Address 1418 Quince				03	16	2018
City McAllen	State TX	Zip Code 78504		FEC Ident	ification No	umber
Purpose of Disbursement	I A	76504		С		
contract services - salary expenditure			001		action ID	. CD24D 42655
Candidate Name			Category/			: SB21B.42655 bursement this Period
			Туре			
Office Sought: House Disbut	rsement For:	Camaral			7	722.98
President	Other (spe	General				
State: District:	Outlot (ope	50.1y) <b>\</b>		Memo	Item	
Full Name (Last, First, Middle Initial)						
B. Escamilla, Sandra, , Ms,				Date of D	isbursemeı	nt
				M = M	DDD	/
Mailing Address 1418 Quince				03	30	2018
City	State	Zip Code		CCO Ident	ification Ni	
McAllen	TX	78504		FEC Ident	ification N	umber
Purpose of Disbursement contract services - salary expenditure			004	C		
Candidate Name			001			: SB21B.42650
Canadate Name			Category/ Type	Amount of	Each Dis	bursement this Period
Office Sought: House Disbut	sement For:		.,,,,			722.98
Senate	Primary	General			7	
President	Other (spe	ecify)		Memo	Item	
State: District:						
Full Name (Last, First, Middle Initial)  C. Gonzales-Leal, Nicole, , ,				Date of D	isbursemei	nt
Gorizales-Leal, Nicole, , ,				M M	D D	/ Y Y Y Y
Mailing Address 2401 W. Rhin Drive				01	05	2018
-	To					
City Edinburg	State TX	Zip Code 78539		FEC Ident	ification No	umber
Purpose of Disbursement	.,	7,0000		С		
contract services - salary expenditures			001		action ID	: SB21B.42675
Candidate Name			Category/			bursement this Period
Office Sought: House Disbut	rsement For:		Туре			942.16
Senate Sought.	Primary	General			7	312.10
President	Other (spe			Memo	ltem	
State: District:				I I wieific	, itelii	
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SUBTOTAL of Disbursements This Page (optional	ıl)		·····•		7	2388.12
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SCHEDULE B (FEC Form 3X)	Haa	water allocated a ( )	FOR LIN	NE NUMBER: PAGE 131 OF					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check or						
		Summary Page	211		23 28c	26 27 29 30b			
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NAME OF COMMITTEE (In Full)									
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Full Name (Last, First, Middle Initial)				Date of	Disbursem	nent			
A. Gonzales-Leal, Nicole, , ,				Date of					
Mailing Address 2401 W. Rhin Drive				01	01 19 2018				
		ı							
,	tate Zip Code TX 78539			FEC Id	entification	Number			
Edinburg Purpose of Disbursement	17	76559		С					
contract services - salary expenditures			001		nagatian II	D - CD24D 42672			
Candidate Name			Category/			D: SB21B.42672 Disbursement this Period			
			Туре						
Office Sought: House Disbursem		Comenal				942.16			
	Primary Other (spec	☐ General			_				
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Full Name (Last, First, Middle Initial)									
B. Gonzales-Leal, Nicole, , ,				Date of Disbursement					
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Mailing Address 2401 W. Rhin Drive				02	02	2018			
City	tate	Zip Code		FEC 14		Nicosala a u			
Edinburg	TX 78539  O01  Category/ Type			FEC Identification Number					
Purpose of Disbursement contract services - salary expenditures				C	C				
Candidate Name				1	D : SB21B.42666				
Caradate Name				Amount	t of Each D	isbursement this Period			
Office Sought: House Disbursem				<b>┤│</b>		942.33			
					7	4 1 4			
				Me	mo Item				
State: District:									
Full Name (Last, First, Middle Initial)  C. Gonzales-Leal, Nicole, , ,				Date of	Disbursem	nent			
Gorizales-Leal, Nicole, , ,				M = M	/ D D				
Mailing Address 2401 W. Rhin Drive				02	20	2018			
Oih.	4-4-	Zin Ond-							
,	tate TX	Zip Code 78539		FEC Id	entification	Number			
Purpose of Disbursement		1		С					
contract services - salary expenditures			001		nsaction I	D : SB21B.42663			
Candidate Name			Category/	Amount	t of Each D	isbursement this Period			
Office Sought: House Disbursem	ent For:		Type	1		942.16			
	nent For: Primary General				7	4			
	Other (spec	ify) ▼		Ma	mo Item				
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SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBEI	E NUMBER: PAGE 132 OF				
ITEMIZED DISBURSEMENTS		category of the	I `	only one)				7.07	
		Summary Page		1b 22 8a 28b	23		26 29	27 30b	
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NAME OF COMMITTEE (In Full)									
$ \; angle$ BORDER HEALTH FEDERAL PA	С								
Full Name (Last, First, Middle Initial)									
A. Gonzales-Leal, Nicole, , ,				Date	of Disbur	sement			
				03	M M / D D / Y Y Y Y				
Mailing Address 2401 W. Rhin Drive						05	20	018	
City	State	·			Identificat	ion Num	ber		
Edinburg	TX	78539			-			-	
Purpose of Disbursement contract services - salary expenditures			001						
Candidate Name					Transaction ID : SB21B.42657 Amount of Each Disbursement this Per				
			Category/ Type	Amou	III OI Lac	,II DISDU	13cmen	t tills i ellou	
	ement For:						-	942.16	
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State: District:	Curior (ope	<b>∀</b>		L N	lemo Iter	n			
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B. Gonzales-Leal, Nicole, , ,				Date	Date of Disbursement  O3 16 2018				
Mailing Address 2401 W. Rhin Drive				0.3					
Walling Address 2401 W. Killin Dilve									
City	State TX	Zip Code		FEC	Identificat	ion Num	ber		
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contract services - salary expenditures					Transaction ID : SB21B.42654 Amount of Each Disbursement this Period 942.15				
Candidate Name									
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President	Other (spe	ecify)			lemo Iter	n			
State: District:				Ш.	101110 1101				
Full Name (Last, First, Middle Initial)  C. Gonzales-Leal, Nicole, , ,				Date	of Disbur	sement			
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Mailing Address 2401 W. Rhin Drive				03	_  L	30	_ 20	018	
City	State	Zip Code							
Edinburg	TX	78539		FEC	Identificat	ion Num	nber	_	
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	ement For:						,	942.15	
Senate President	Primary	General			Memo Item				
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)				E NUMBER: PAGE 133 OF					OF 1	44		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,												
Full Name (Last, First, Middle Initial)  A. Jasso, Prisylla, , Ms,  Mailing Address 213 Quail Court						Date 0	M		em 05	ent		y y y 2018	Y	
,	State	te Zip Code					FEC Identification Number							
McAllen Purpose of Disbursement contract services - salary expenditure	TX	78502	C	001	╗	Transaction ID : SB21B.42676								
Candidate Name			Cate	egor ype	γ/							nt this		i
	nent For: Primary Other (spec	General <b>▼</b>				1407.96 Memo Item							_	
State: District:						ш								
Full Name (Last, First, Middle Initial)  3. Jasso, Prisylla, , Ms,  Mailing Address 213 Quail Court								Date of Disbursement  O1 19 2018						
City McAllen Purpose of Disbursement	State TX	Zip Code 78502				FEC Identification Number								
contract services - salary expenditure  Candidate Name			Cate	001 egor	ry/	Transaction ID : SB21B.42671 Amount of Each Disbursement this Period					ŀ			
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Full Name (Last, First, Middle Initial)  Jasso, Prisylla, , Ms,								Disburs	em.	_	V	Y		
Mailing Address 213 Quail Court					02							2018		
McAllen	State TX	Zip Code 78502				FEC	Iden	tificatio	on I	Numb	oer			
Purpose of Disbursement contract services - salary expenditure  Candidate Name  Category/ Type						C	Trans	sactio	n IE	) : SE	321B	.42667		
						Amount of Each Disbursement this Period					i			
President	nent For: Primary Other (spec	General <b>▼</b>				П	Mem	o Item	_			1407.9	74	_
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SCHEDULE B (FEC Form 3X)	Har -		FOR LIN	NE NUMBER: PAGE 134 OF			144		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check o	· — ·				07	
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NAME OF COMMITTEE (In Full)									
BORDER HEALTH FEDERAL PAC	;								
Full Name (Last, First, Middle Initial)									
A. Jasso, Prisylla, , Ms,			Date o	Date of Disbursement					
Mailing Address 213 Quail Court				02	02 20 7 2018				
City	tate	Zip Code	FFC I	lantification	. Numb	~			
McAllen	TX	'			dentification	1 Numb	er	_	
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Office Sought: House Disbursem	ent For:		Type				1	440.80	
	Primary	General				7		- 40-	_
President	Other (spec	eify) 🔻		I ■ Me	emo Item				
State: District:				Ц					
Full Name (Last, First, Middle Initial)									
B. Jasso, Prisylla, , Ms,				Date o	of Disburse	ment			
Mailing Address 040 Over 1 Overs				03	/ D 0			)18	1
Mailing Address 213 Quail Court				03	Ü	3	20	710	4
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11107 111011	TX 78502  O01  Category/ Type  sement For: Primary General Other (specify)				FEC Identification Number				
Purpose of Disbursement contract services - salary expenditure					Transaction ID : SB21B.42658				
Candidate Name									
Salididate Name				Amour	nt of Each	Disburs	ement	this Pe	riod
Office Sought: House Disbursem							1	439.19	п.
Senate					7	-		-40	_
President				I □ Me	emo Item				
State: District:				Ш					
Full Name (Last, First, Middle Initial)				<b>D</b> .	( D: 1				
C. Jasso, Prisylla, , Ms,					of Disburse				
Mailing Address 213 Quail Court				03	/ D			18	
maining real cost 210 Quali Court									-
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McAllen Purpose of Disbursement	TX	78502					-	т.	
contract services - salary expenditure			001						
Candidate Name					ansaction				riod
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Office Sought: House Disbursem	ent For:						1	439.19	. [
	Primary	General			7 7 7				
	Other (spec	eify) 🔻		Me	emo Item				
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SCHEDULE B (FEC Form 3X)			FOR LII	NE NUMBER	NUMBER: PAGE 135 OF				
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	l `	only one)			07		
		Summary Page		1b 22 3a 28b	23 28c	26	27 30b		
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NAME OF COMMITTEE (In Full)									
BORDER HEALTH FEDERAL PA	/C								
Full Name (Last, First, Middle Initial)									
A. Just Energy				Date of 03	of Disburse	D / Y			
Mailing Address P.O. Box 650518	T				3	0	2018		
City Dallas	State TX	Zip Code 78265		FEC I	dentificatio	n Number			
Purpose of Disbursement	1 A	76203							
office electricity expenditure			001			·			
Candidate Name			Category/	_		ID: SB21I	B.42647 nent this Period		
			Type	7		2.000.00			
	House Disbursement For:						219.16		
Senate	Primary								
State: District:	Other (sp	есіту) 🔻		M	emo Item				
Full Name (Last, First, Middle Initial)									
B. Water Tower Village				Date of	of Disburse	ement			
				M N	/ D	D / Y	YYY		
Mailing Address 52211 N. McColl Road		·			93 30 2018  FEC Identification Number				
City	State								
McAllen Purpose of Disbursement	17	78504		C					
office lease expenditure		Done to For:  Primary General Other (specify)			Transaction ID : SB21B.42646 Amount of Each Disbursement this Period				
Candidate Name									
	ement For:				1331.25				
Senate President	1								
State: District:	Other (sp	ecity)		M	emo Item				
Full Name (Last, First, Middle Initial)									
C.				Date of	of Disburse	ement			
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Mailing Address									
City	State	Zip Code		FEC Id	dentificatio	n Number			
Purpose of Disbursement				С					
Candidate Name			Category/ Type	Amour	Amount of Each Disbursement this Period				
Office Sought: House Disburs	ement For:				-	- 45			
Senate	Primary	General			,				
President Pictriot:	Other (sp	ecify) $\blacktriangledown$		M	emo Item				
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SUBTOTAL of Disbursements This Page (optional)					1 45		1550.41		
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TOTAL This Period (last page this line number only	v)						22159.99		

SCHEDULE B (FEC Form 3X)	Has assessed and 11.70	FOR LINE NUMBER: PAGE 136 OF 1
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 <b>x</b> 23 26 27
	Detailed Summary Page	21b 22 <b>x</b> 23 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or used	d by any person for the purpose of soliciting contributions
		Il committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
angle BORDER HEALTH FEDERAL PAC	<b>;</b>	
Full Name (Last, First, Middle Initial)		
A. ALL FOR OUR COUNTRY LEADE	RSHIP PAC	Date of Disbursement
		M   M   / D   D   / Y   Y   Y   Y
Mailing Address 611 PENNSYLVANIA AVE SE, #14	3	03 02 2018
City	State Zip Code	
,	DC 20003	FEC Identification Number
Purpose of Disbursement contribution	, I	C C00629212
Candidate Name		011 Transaction ID : SB23.42706
ALL FOR OUR COUNTRY LEADER	RSHIP PAC	Category/ Amount of Each Disbursement this Period
	nent For: 2018	5000.00
	Primary General	7 7
	Other (specify) ▼	Memo Item
State: District:		
Full Name (Last, First, Middle Initial)  B. CATHERINE CORTEZ MASTO FO	OR SENATE	Date of Disbursement
	OLIVATE	M M / D D / Y Y Y Y
Mailing Address 8020 SOUTH RAINBOW BLVD #1	00-112	03 02 2018
City	Note 7ic Onde	
,	State Zip Code NV 89139	FEC Identification Number
Purpose of Disbursement	, 53.50	C C00575548
contribution		011 Transaction ID : SB23.42704
CATHERINE CORTEZ MASTO FC	DR SENATE	Category/ Amount of Each Disbursement this Period
	nent For: 2018	Type 5000.00
	Primary General	4
	Other (specify)	Memo Item
State: NV District: 00		<u> </u>
Full Name (Last, First, Middle Initial)  C. CATHERINE CORTEZ MASTO FC	AD CENIATE	Date of Disbursement
S. CATHERINE CORTEZ WASTO FO	IN SEINATE	Mam / Dab / Yayay
Mailing Address 8020 SOUTH RAINBOW BLVD #10	00-112	03 02 2018
City	State Zin Code	
,	State Zip Code NV 89139	FEC Identification Number
Purpose of Disbursement		C C00575548
contribution		011 Transaction ID : SB23.42705
Candidate Name  CATHERINE CORTEZ MASTO FO	OR SENATE	Category/ Amount of Each Disbursement this Period
	nent For: 2018	Type 5000.00
	Primary General	4
	Other (specify) ▼	Memo Item
State: NV District: 00		<b>—</b>
		15000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate scl		FOR LINE N			
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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		, p. 2				
Full Name (Last, First, Middle Initial)  A. COMMON VALUES PAC				Date of Dis	sbursement	
Mailing Address 901 N WASHINGTON ST, SUITE 7	00	00			19 2018	
ALEXANDRIA	tate Zip Co VA 2231				fication Number	
Purpose of Disbursement contribution	011				0442368 action ID : SB23.42694	
Candidate Name COMMON VALUES PAC			Category/ Type	Amount of	Each Disbursement this Period	
Senate President	nent For: 2018 Primary 🗶 G Other (specify) 🔻	General		Memo	5000.00 Item	
State: District:  Full Name (Last, First, Middle Initial)				Wichilo		
B. CULBERSON FOR CONGRESS					sbursement	
Mailing Address P.O. BOX 41964				02	06 2018	
HOUSTON	State Zip Code TX 77241				fication Number	
Purpose of Disbursement contribution			011		0343236 action ID : SB23.42710	
Candidate Name CULBERSON FOR CONGRESS			Category/ Type	Amount of Each Disbursement this F		
	nent For: 2018 Primary <b>x</b> General				5000.00	
	Other (specify)			Memo	Item	
Full Name (Last, First, Middle Initial)  C. CULBERSON FOR CONGRESS				Date of Dis	sbursement	
Mailing Address P.O. BOX 41964				02	06 / 2018	
,	State Zip Co TX 7724				fication Number	
contribution  Candidate Name  CULBERSON FOR CONGRESS	ndribution ndidate Name			Transaction ID : SB23.42711 Amount of Each Disbursement this Period		
Office Sought:    X   House   Disbursem     Senate   X	nent For: 2018 Primary General		Type	5000.00		
State: TX District: 07	Other (specify) ▼			Memo	Item	
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SCHEDULE B (FEC Form 3X)		FOR LINE N					
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NAME OF COMMITTEE (In Full)							
BORDER HEALTH FEDERAL PAC	<b>;</b>						
Full Name (Last, First, Middle Initial)							
A. FIGHTING FOR SOUTH TEXAS P.	AC		Date of Disbursement				
Mailing Address 121 N 10TH ST			03 06 2018				
,	State Zip Code		FEC Identification Number				
	TX 78501						
Purpose of Disbursement contribution	l r	011	C C00660613				
Candidate Name			Transaction ID : SB23.42700				
FIGHTING FOR SOUTH TEXAS PA	AC	Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2018	: 717-0	5000.00				
Senate	Primary <b>x</b> General						
State: President District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. FRIENDS OF JOHN BARRASSO			Date of Disbursement				
Mailing Address To Town			M M / D D / Y Y Y Y Y				
Mailing Address PO BOX 52008	75-0-1		03 21 2018				
,	State Zip Code WY 82605		FEC Identification Number  C C00436386				
Purpose of Disbursement	02000						
contribution		011	Transaction ID : SB23.42692				
Candidate Name		Category/	Amount of Each Disbursement this Period				
BARRASSO, JOHN A, , ,		Туре	5000.00				
	nent For: 2018		5000.00				
~ =====================================	Primary 🗶 General Other (specify)						
State: WY District: 00	Canon (opcony)		Memo Item				
Full Name (Last, First, Middle Initial)							
C. FRIENDS OF JOHN BARRASSO			Date of Disbursement				
			M   M / D   D / Y   Y   Y   Y				
Mailing Address PO BOX 52008			03 21 2018				
City	state Zip Code		FEO. I.I. III. II. N. I.				
CASPER	WY 82605		FEC Identification Number				
Purpose of Disbursement			C C00436386				
contribution		011	Transaction ID : SB23.42693				
Candidate Name BARRASSO, JOHN A, , ,		Category/	Amount of Each Disbursement this Period				
	nent For: 2018	Туре	5000.00				
	Primary General		7 7 7				
<u>~</u>	Other (specify) ▼		Mama Itam				
State: WY District: 00	• • • •		Memo Item				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 139 OF 144				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 <b>X</b> 23 26 27				
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BORDER HEALTH FEDERAL PA	С						
Full Name (Last, First, Middle Initial)			5.45.4				
A. GALLEGO FOR ARIZONA			Date of Disbursement				
Mailing Address PO BOX 1710	- I		03 05 2018				
City PHOENIX	State Zip Code AZ 85001		FEC Identification Number				
Purpose of Disbursement contribution		011	C C00558627				
Candidate Name		Category/	Transaction ID: SB23.42702  Amount of Each Disbursement this Period				
GALLEGO FOR ARIZONA  Office Sought: House Disburse	ment For: 2018	Type	5000.00				
Office Sought: House Disburse Senate	Primary General		3000.00				
State: AZ District: 07	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. GALLEGO FOR ARIZONA			Date of Disbursement				
Mailing Address PO BOX 1710			03 05 2018				
City PHOENIX	State Zip Code AZ 85001		FEC Identification Number				
Purpose of Disbursement contribution			C C00558627  Transaction ID : SB23.42703				
Candidate Name		011					
GALLEGO FOR ARIZONA		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate	ment For: 2018		5000.00				
President	Primary General Other (specify)		Momo Itom				
State: AZ District: 07			Memo Item				
Full Name (Last, First, Middle Initial)  C. JAY FOR TEXAS			Date of Disbursement				
Mailing Address 1150 N LOOP 1604 W			03 07 7 2018				
SUITE 108-230 City	State Zip Code		EEC Identification Number				
SAN ANTONIO	TX 78248		FEC Identification Number				
Purpose of Disbursement contribution		011	C C00654277  Transaction ID : SB23.42699				
Candidate Name JAY FOR TEXAS		Category/	Amount of Each Disbursement this Period				
	ment For: 2018	Туре	5000.00				
Senate 🗶	Primary General						
State: TX District: 23	Other (specify) ▼		Memo Item				
			15000.00				
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	2						
Full Name (Last, First, Middle Initial)  A. LATINO LEADERS FOR EQUALITY GROWTH OPF CHANGE (LLEGO-PAC)  Mailing Address 1050 17TH ST NW STE 590	PORTUNITY PROGRESSIVE	ACTION &	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	State Zip Code		FEC Identification Number				
Purpose of Disbursement contribution  Candidate Name  GALLEGO FOR ARIZONA  Office Sought:    Y   House   Disbursement   Senate   President   President	nent For: 2018 Primary	011 Category/ Type	C C00558627  Transaction ID : SB23.42701  Amount of Each Disbursement this Period  5000.00  Memo Item				
State: AZ District: 07  Full Name (Last, First, Middle Initial)							
B. LET TEXANS RUN TEXAS PAC  Mailing Address P.O. BOX 41964		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
HOUSTON Purpose of Disbursement contribution  Candidate Name  LET TEXANS RUN TEXAS PAC  Office Sought: House Disbursem  Senate	State Zip Code TX 77241  ment For: 2018 Primary X General	011 Category/ Type	FEC Identification Number  C C00588749  Transaction ID : SB23.42712  Amount of Each Disbursement this Period  5000.00				
State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address P.O. Box 848			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Union City Purpose of Disbursement contribution  Candidate Name  Menendez, Robert, , ,  Office Sought: House Disbursem	State Zip Code 07087  ment For: 2018 Primary General Other (specify)   The Code of the Cod	011 Category/ Type	FEC Identification Number  C C00264564  Transaction ID : SB23.42697  Amount of Each Disbursement this Period  5000.00  Memo Item				
			15000.00				
TOTAL This Period (last page this line number only).			1000.00				

SCHEDULE B (FEC Form 3X)	Hoo consents of the deal of	FOR LINE	NUMBER: PAGE 141 OF 144				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>x</b> 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State	ments may not be sold or u						
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PA	С						
Full Name (Last, First, Middle Initial)			5. (5.)				
A. MENENDEZ FOR SENATE			Date of Disbursement				
Mailing Address P.O. Box 848			03 12 2018				
City Union City	State Zip Code NJ 07087		FEC Identification Number				
Purpose of Disbursement contribution		011	C C00264564				
Candidate Name		011	Transaction ID : SB23.42698				
Menendez, Robert, , ,		Category/ Type	Amount of Each Disbursement this Period				
	ment For: 2018		5000.00				
X Senate President	Primary <b>★</b> General Other (specify) ▼		Memo Item				
State: NJ District:  Full Name (Last, First, Middle Initial)			_				
B. NEW JERSEY DEMOCRATIC ST	ATE COMMITTEE		Date of Disbursement  O3 16 2018				
Mailing Address 196 WEST STATE STREET							
City TRENTON	State Zip Code NJ 08608		FEC Identification Number				
Purpose of Disbursement	100 0000		C C00104471				
contribution		011	Transaction ID : SB23.42695				
Candidate Name  NEW JERSEY DEMOCRATIC STAT	E COMMITTEE	Category/ Type	Amount of Each Disbursement this Period				
	ment For: 2018	туре	5000.00				
Senate	Primary General						
State: President District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C. NEW MILLENNIUM PAC			Date of Disbursement				
Mailing Address ONE GATEWAY CENTER, SUITE	E 520		03 13 2018				
City	State Zip Code		FEC Identification Number				
NEWARK Purpose of Disbursement	NJ 07102		C C00349233				
contribution		011	Transaction ID : SB23.42696				
Candidate Name		Category/	Amount of Each Disbursement this Period				
NEW MILLENNIUM PAC  Office Sought: House Disburse	ment For: 2018	Туре	5000.00				
Senate	Primary General		7 7				
State: District:	Other (specify) ▼		Memo Item				
Oldie. District.							
SUBTOTAL of Disbursements This Page (optional).			15000.00				
TOTAL This Period (last page this line number only	)						

SC	CHEDULE B (FEC Form 3X)	llas sans	vota - colo - di il - (-)	FOR LINE NUMBER: PAGE 14				144		
T	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	′	7 oo	05			
			Summary Page	21b 28a	22 <b>x</b> 28b		26 27 29 30b			
An	ny information copied from such Reports and Staten	I nents mav n	not be sold or use					ns		
	for commercial purposes, other than using the name									
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name (Last, First, Middle Initial) VAQUERO PAC				Date of D	isbursement				
	Mailing Address 10715 Gulfdale Suite 235				02	26	2018	]		
	City San Antonio	State TX	Zip Code 78216		FEC Ident	ification Num	ber			
	Purpose of Disbursement contribution			011	C H2TX27190 Transaction ID : SB23.42707					
	VELA, FILEMON MR., , ,			Category/ Type			rsement this Pe	riod		
	Senate	nent For: 2 Primary	<b>x</b> General				5000.00	_		
	State: TX District: 34	Other (spec	⊞y) ▼		Memo	Item				
В.	Full Name (Last, First, Middle Initial) VELA, FILEMON MR., , ,				Date of D	isbursement	YYYYY	_		
	Mailing Address 333 EBONY AVENUE					02 27 2018				
	City SROWNSVILLE	State TX	Zip Code 78520		FEC Identification Number					
	Purpose of Disbursement contribution	011 Category/ Type			C H2TX27190 Transaction ID : S		R23 42708			
	VELA, FILEMON MR., , ,				Amount of Each Disbursement this			riod		
	Senate	Primary	, , ,			<del>-</del>	5000.00	_		
	State: TX District: 34	Other (specify)			Memo Item					
C.	Full Name (Last, First, Middle Initial) VELA, FILEMON MR., , ,				Date of D	isbursement	Y			
	Mailing Address 333 EBONY AVENUE				02	27	2018			
	City S BROWNSVILLE Purpose of Disbursement contribution	State TX	Zip Code 78520	011	C H2	TX27190				
	Candidate Name VELA, FILEMON MR., , ,			Category/ Type		action ID : S Each Disbur	rsement this Pe	riod		
		Primary	ent For: 2018  Primary General  Other (specify) ▼			5000.00 Memo Item				
s	SUBTOTAL of Disbursements This Page (optional)						15000.00	$\overline{\Box}$		
	OTAL This Period (last page this line number only)				-	7	105000.00	Ħ		
	(was page sine into namber only)					4				

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 143 OF
FOR LINE NUMBER:
(check only one)

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		9
	x	10

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen TX 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 900.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space AC Rentals Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 900.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 1800.00 1) SUBTOTALS This Period This Page (optional)..... 1800.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 1800.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SD10 Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10 Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.